



WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1967

Being the statutory report required to be made by the County Medical Officer of Health
under the Public Health Officers Regulations, 1959

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Foreword

For the health services of the County Council 1967 was a year of steady progress, and of increased work from the growth of population, rather than of dramatic new developments. Indeed, prevention of illness and the promotion of healthy living are seldom dramatic. They have been the concern of public health services at least since the middle of the Nineteenth Century, at first mainly through measures to improve sanitation and housing and to prevent infectious disease, but increasingly since the turn of the Century through personal health services for the family, for mothers and babies, pre-school and school children, the mentally disordered and the elderly. Much of this work is primary prevention, but almost all of it involves health education of individuals which, in addition to its earlier aims of reducing infant and maternal mortality and handicaps in childhood, now has greater possibilities than ever before for teaching rules of living designed, among other purposes, to lessen the risk of cardio-vascular disease and certain forms of cancer, and to promote mental health. It is impossible in the nature of things fully to assess the results of preventive work because what has been prevented cannot be depicted or counted. This has led to under-valuation both of the achievements and of the potentialities of community medicine.

The use of computers for storing and processing health data will assist in new methods of prevention, as well as improving the efficiency of the present work, and good progress has been made with the use of the Wiltshire County Council's computer for health purposes.

In 1967 the attachment of health visitors to general practices continued to advance rapidly. A start was made in the City of Salisbury with the attachment of home nurses also ; this is likely to be extended to other towns but in the more rural areas close working relationships which have existed for many years between family doctors and home nurses would make the step of formal attachment appear academic.

The three hostels for the mentally subnormal were almost fully occupied and have shown very useful results. Of the total of 123 residents so far accommodated (excluding 24 admitted merely for short term care for relief of their family) 57 have left the hostels and, of these, 37 have returned to the community, many with a reasonable degree of independence.

In view of the importance of health centres for the community health services of the immediate future it is unfortunate that there has been continued frustration as regards health centre projects, caused not by reluctance on the part of the Health Committee or the general practitioner service, but by administrative and financial complications largely arising from the new situation created by the effects of the "doctors' charter" which operated from the 1st October, 1966, upon such matters as valuation and the calculation of rent and other charges. No doubt these unfortunate side effects of measures intended to promote the welfare and efficiency of general medical practice will be overcome, but they help to draw attention to the illogical and unnecessarily complicated situation caused by the present system of National Health Service administration.

The publication by the Ministry of Health of the Green Paper on the Administrative Structure of the Service at last offers a prospect of integration, but it is essential to ensure that such integration includes all health services. For example, if important community health services were to be left outside the new National Health Service structure the change would still leave division which would create problems in the future similar to those which now occur.

It is a pleasure to acknowledge the help and co-operation of general practitioners and hospitals which continued during 1967, within the administrative limitations of the present service. My thanks are also due to the chief officers and the staff of other departments of the County Council, as well as to the staff of the Health Department for whom the year was one of increasing pressure of work carried out with efficiency and cheerfulness.

C. D. L. LYCETT.

County Hall,
Trowbridge.
August, 1968.

Committees

The Committees of the County Council mainly concerned with public health during the year were :—

Health Committee, the Sub-Committees of which were as follows :—

- Maternity and Home Health Services Sub-Committee,
- Mental Health Sub-Committee,
- Ambulance and Public Health Services Sub-Committee.

Education Committee (school health service and hygiene in schools).

Close liaison is also maintained with other committees, such as the Welfare Committee and the Children's Committee, and the County Medical Officer of Health acts as adviser on health matters to all committees of the Council.

Under Section 46 of the Local Government Act, 1958, functions in respect of the following services are delegated to the Swindon Borough Council :—

- Health Centres
- Care of Mothers and Young Children
- Midwifery
- Health Visiting
- Home Nursing
- Vaccination and Immunisation
- Domestic Help
- Prevention of Illness, Care and After-Care

Staff

County Medical Officer of Health and Principal School Medical Officer :—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :—

J. H. Whittles, *T.D.*, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officers :—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H.

Medical Officer of Health and Principal Borough School Medical Officer, Swindon :—

J. Urquhart, M.B., Ch.B., D.P.H.

Medical Officers :—

P. C. Barry, L.R.C.P. & S., D.P.H. (also Medical Officer of Health, Devizes Borough and Devizes Rural District). (Commenced 1.3.67).

C. L. Broomhead, *T.D.*, M.D., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District and Malmesbury Rural District).

J. L. Davies, M.B., B.S., D.P.H. (also Medical Officer of Health, Trowbridge Urban District and Bradford-on-Avon Urban District).

F. R. T. Hollins, B.A., M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Salisbury City). (Commenced 1.2.67).

E. H. Lamb, M.B., Ch.B., D.P.H., D.I.H. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District).

F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O., L.M.C.C.(Canada) (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District).

C. P. B. Parry, M.R.C.S., L.R.C.P., D.A., D.P.H. (also Medical Officer of Health, Highworth Rural District).

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (also Medical Officer of Health, Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District).

F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Marlborough Borough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District).

G. Wolfenden, M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

A. F. Fowler, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.

H. Margaret Hammond, M.B., Ch.B.

Angela M. Harris, M.B., Ch.B.

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (Commenced 15.5.67).

Elizabeth Heathcote, M.B., Ch.B., D.A. (Resigned 28.2.67).

Delia F. Morris, M.B., B.S., D.P.H.

Blaguigna Popham, M.R.C.S., L.R.C.P., D.P.H.

Psychiatrists (part-time) :—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

Chest Physician :—

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (by arrangement with Regional Hospital Boards). (Retired 30.3.67).

Assistant Chest Physicians :—

A. C. Molden, M.B., Ch.B. (by arrangement with Regional Hospital Boards).

Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (by arrangement with Regional Hospital Boards).

Chief Dental Officer and Principal School Dental Officer :—

D. Middleton, L.D.S.

Area Dental Officer :—

W. A. Humpherson, L.D.S., B.D.S.

Assistant Dental Officers and School Dental Officers :—

M. F. Ashby, L.D.S.

D. M. H. Balfe, B.D.S.

Patricia Ensum, L.D.S. (Commenced 4.9.67).

A. E. Fisher, B.D.S. (Commenced 1.6.67).

Christine C. Gould, B.D.S. (Resigned 30.4.67).

C. A. J. Heath, L.D.S.

I. Hopes, B.D.S. (Commenced 18.12.67).

E. G. H. Lightfoot, L.D.S.

R. J. McFeat, L.D.S.

R. S. McMinn, L.D.S.

D. A. Newton, B.D.S., (Commenced 1.6.67).

E. H. Randerson, L.D.S.

Dental Auxiliaries :—

Miss H. Hill

Miss H. Rumford

Miss D. R. Williams (Commenced 1.5.67).

Psychologists :—

C. S. Rushton, B.A.

R. C. S. Hamilton, M.A., Ed.B., B.Sc., B.Litt. (Commenced 3.4.67).

Chief Administrative Assistant :—

R. M. Bainton

Superintendent Health Visitor :—

Miss E. Search, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

Superintendent Nursing Officer :—

Miss M. J. K. Stephens, S.R.N., S.C.M., H.V., Q.N. (Commenced 1.1.67).

County Public Health Inspector and Water Supplies Officer :—

T. R. Cox, M.R.S.H., M.A.P.H.I. (Retired 24.5.67).

P. M. Ennis, M.R.S.H., M.A.P.H.I. (Commenced 1.6.67).

Mental Health Supervising Officer :—

K. W. Gibbs

County Ambulance Officer :—

N. F. Russell

Chiropodists :—

Miss M. J. Read, M.Ch.S.

E. W. Beattie, M.Ch.S.

G. H. Gander, M.Ch.S.

J. D. Pullen, M.Ch.S. (Commenced 19.4.67).

L. E. Clubb, M.Ch.S.

J. Roche, M.Ch.S.

Miss Anne L. Parry, M.Ch.S. (Resigned 29.12.67).

Mrs. J. Cheater, L.Ch.S.

Miss J. M. Russ, M.Ch.S. (Commenced 31.7.67).

Hearing Therapist :—

D. Wilton Brown, B.A.

Vital Statistics

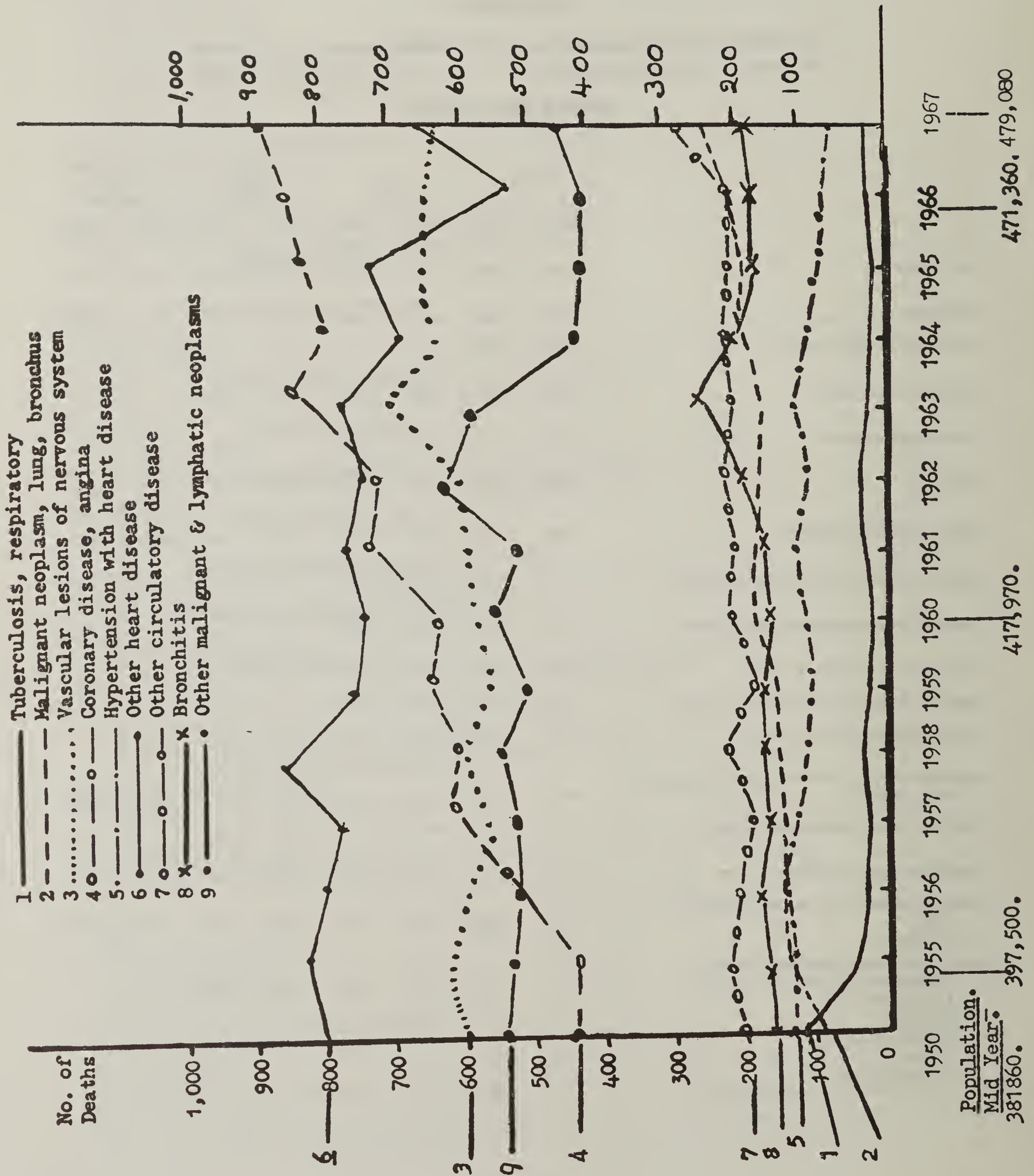
POPULATION

The Registrar General's estimate for 1967 (including Services) ... 479,080
The figure for the previous year was 471,360

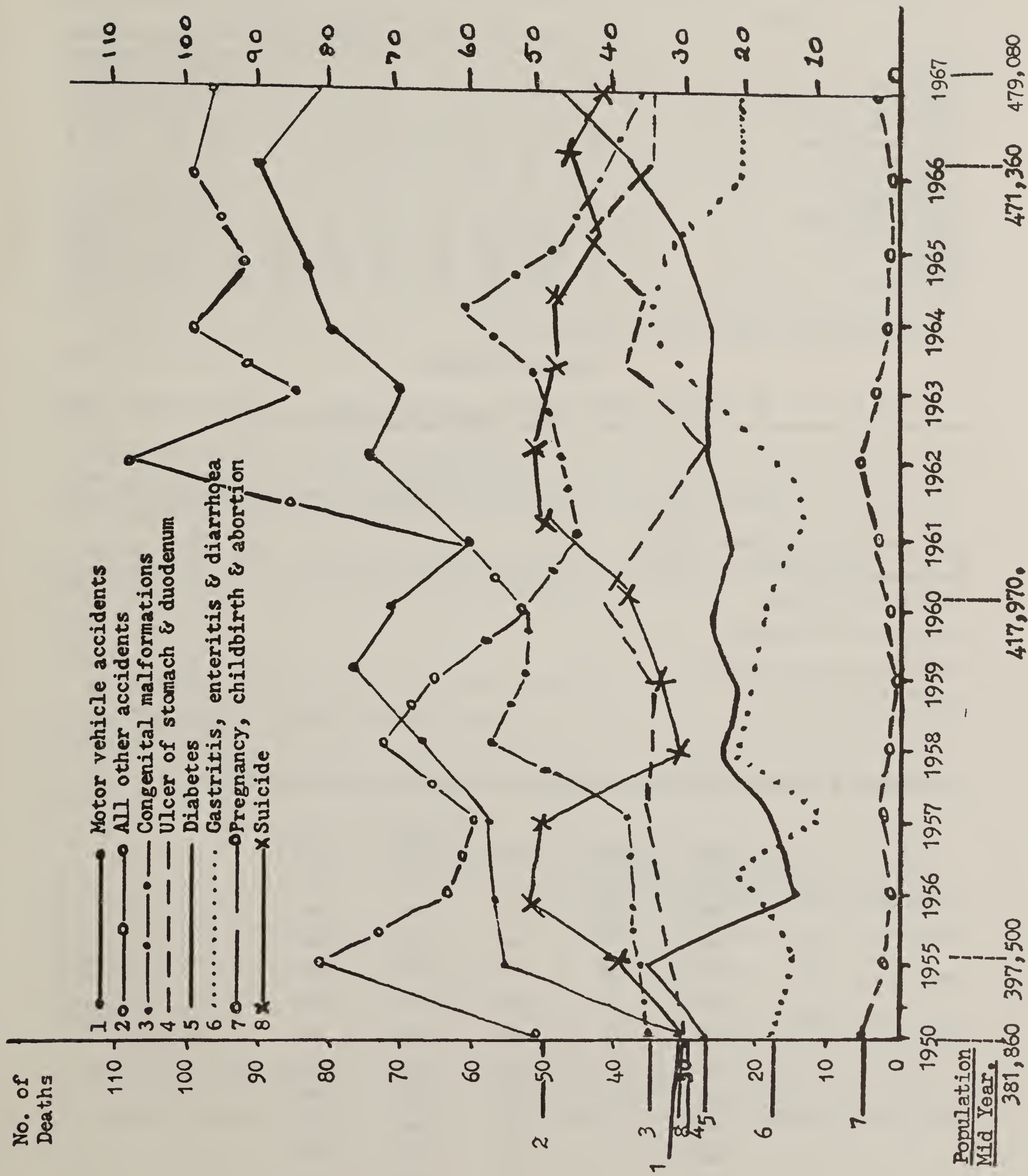
BIRTHS AND DEATHS

	Number		Rate for County		Rate for England and Wales		Rate for S.W. Standard Region		
	1967	1966	1967	1966	1967	1966	1967	1966	
Live Births	8,549	8,858	(Per 1,000 population) 17.8	18.71	17.2	17.7	—	17.9	
Still Births	136	132	(Per 1,000 live and still births) 16.0	14.68	14.8	15.4	—	15.05	
Total Live and Still Births	8,685	8,990	—	—	—	—	—	—	
Illegitimate Live Births	596	582	(Per cent of total live births) 6.97	6.57	—	7.9	—	—	
Premature Live Births	564	540	(Per 1,000 live births) 65.97	57.91	—	—	—	—	
Deaths	4,678	4,805	(Per 1,000 population) 10.2	10.49	11.2	11.7	11.8	12.6	
Deaths of Infants under one	159	174	(Per 1,000 live births) 18.59	19.64	18.3	19.0	15.5	16.3	
Deaths of Infants under one (Legitimate) ...	148	161	(Per 1,000 legitimate live births) 18.60	19.45	—	—	—	—	
Deaths of Infants under one (Illegitimate) ...	11	13	(Per 1,000 illegitimate live births) 18.45	22.23	—	—	—	—	
Deaths of Infants under 4 weeks	108	117	(Per 1,000 live births) 12.63	13.20	12.5	12.9	—	—	
Deaths of Premature Infants under 4 weeks ...	68	77	7.95	8.69	—	—	—	—	
Deaths of Infants under 1 week	91	105	10.64	11.85	10.8	11.1	—	—	
Perinatal Mortality (Still Births and Deaths under 1 week combined)	227	237	(Per 1,000 live and still births) 26.14	26.36	25.4	26.3	22.9	23.8	
Maternal Deaths (including abortions)	3	1	0.34	0.11	0.20	0.26	—	—	
Deaths from cancer (all forms)	921	814	(Per 1,000 population) 1.92	1.72	2.27	2.23	—	—	
Deaths from cancer of lung and bronchus :—									
Male	199	168	}	0.49	0.42	0.58	0.56	—	—
Female	38	32							
Deaths from certain Infectious Diseases :—									
Tuberculosis (Respiratory)	14	26	}	0.033	0.057	0.042	0.048	—	—
Tuberculosis (Other)	2	1							
Diphtheria	—	—							
Meningococcal Infection	—	—							
Acute Poliomyelitis	—	—							
Measles	2	—							
Whooping Cough	—	—							
Other Infective and Parasitic Diseases ...	1	10							

DEATHS FROM CERTAIN CAUSES, 1950—1967



DEATHS FROM CERTAIN CAUSES, 1950—1967



INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1967 of the more important infectious diseases, with comparative figures for the preceding years. The figures include non-civilians.

Disease	Total Notifications during										1967
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	154	539	426	276	151	163	132	153	165	91	155
Diphtheria	—	—	—	—	—	—	—	—	1	—	—
Enteric Fever (including Paratyphoid)	2	10	1	1	4	—	—	—	2	1	—
Puerperal Pyrexia	191	174	162	88	103	97	73	67	23	25	10
Meningococcal Infection	5	5	6	4	7	8	9	8	2	6	1
Acute Poliomyelitis—											
Paralytic	16	9	11	4	3	2	1	—	—	—	1
Non-Paralytic	7	1	4	—	2	—	—	—	—	—	—
Acute Encephalitis	—	1	—	5	4	—	—	5	2	5	—
Ophthalmia Neonatorum	2	1	3	—	7	—	5	2	—	1	—
Whooping Cough	1160	318	274	353	203	40	263	176	117	83	214
Measles	7177	5046	4697	332	9750	427	6192	2499	6387	3248	4178
Dysentery	181	261	267	882	132	186	379	192	312	222	399
Food Poisoning	111	62	62	39	29	38	110	31	6	21	54

One confirmed case of poliomyelitis occurred in 1967.

VENEREAL DISEASE

During the year 558 Wiltshire patients attended treatment centres at Salisbury, Swindon, Bath, Southampton, Winchester and Bristol for the first time. The following table shows details :—

Treatment Centre							Syphilis	Gonorrhoea	Other Conditions	Total new cases
Royal United & St. Martin's Hospitals, Bath	...	...	...	...	...	...	7	38	178	223
Maudling Street Clinic, Bristol	...	...	...	...	...	...	—	6	15	21
General Infirmary, Salisbury	...	...	...	...	...	...	3	5	82	90
Buller Street Clinic, Southampton	...	...	...	...	...	...	—	2	33	35
Royal Hampshire Hospital, Winchester	...	...	...	...	...	...	—	2	3	5
Seymour Clinic, Swindon	...	...	...	...	...	...	2	45	137	184
Totals							12	98	448	558

The totals of the cases included in the foregoing table for previous years are shown below :—

Year	Syphilis	Gonorrhoea	Other Conditions	Total new cases
1956	22	37	272	331
1957	18	71	266	355
1958	13	56	375	444
1959	10	71	206	287
1960	15	46	220	281
1961	11	89	338	438
1962	12	123	382	517
1963	19	114	475	608
1964	7	102	405	514
1965	12	123	396	531
1966	9	93	406	508
1967	12	98	448	558

**Care of Mothers and Young Children*

MATERNAL MORTALITY

The following table gives the number of deaths attributable to pregnancy, childbirth or abortion in the past ten years :—

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
County, excluding Swindon	2	2	Nil	1	3	4	3	1	1	1	2
Swindon	2	Nil	Nil	Nil	Nil	1	Nil	1	1	Nil	1
TOTAL ...	4	2	Nil	1	3	5	3	2	2	1	3
Rate per 1,000 live and still births ...	0.57	0.28	Nil	0.13	0.37	0.58	0.33	0.21	0.21	0.11	0.34

The three deaths during 1967 occurred in hospital. The rates given in this table are based on such small numbers that variations in them should be treated with reserve.

RELAXATION AND MOTHERCRAFT CLASSES

These classes are now held at the following centres :—

Avebury, Colerne, Corsham, Covingham (Lower Stratton), Cricklade, Highworth, Marlborough, Melksham, Pewsey, Purton, Redlynch, Salisbury, Sherston, Stratton St. Margaret, Trowbridge, Warminster, Westbury and Wroughton.

During the year 685 classes were undertaken in preparation for childbirth. These included talks, films and demonstrations. The classes are organised and undertaken by the health visitors in conjunction with the local midwife and in co-operation with the maternity hospital units.

CLINICS AND CENTRES

No new health clinics or health centres were opened during 1967.

At the end of the year there were 137 child welfare centres, 68 with a doctor attending and 69 attended by health visitors only.

The following table gives aggregate figures, with the previous year's figures in brackets, of attendances at the centres.

	Doctors' Centres	Health Visitors' Centres	Totals
Total attendances during the year	78,859 (79,930)	13,223 (11,687)	92,082 (91,617)
Number of children who attended during the year	13,097 (12,533)	2,743 (2,925)	15,840 (15,458)
Number of new attenders (under one year of age at end of year) included above	4,905 (5,100)	837 (982)	5,742 (6,082)
Atten­ders (under one year of age at end of year) per 1,000 notified live births for the year	709 (721)	121 (139)	830 (860)

The use of the mobile centre has continued and it now serves 13 villages.

Voluntary work continues in many centres for the sale of welfare and proprietary foods and other purposes.

*The statistics under this section exclude the Borough of Swindon (unless specifically stated).

The following table shows the amounts of proprietary foods sold at clinics during the year :—

Articles	Basic Unit of Quantity	Supplies to Centres for issue			
		1964	1965	1966	1967
Infant Welfare Foods	lb	83,748	87,924	92,424	94,974
Baby Cereal	packets	15,708	16,456	16,254	14,460
Weaning Foods (Meat, Fruit, Vegetables, etc.)	tins	6,750	16,428	20,652	22,944
Nutrients (chiefly Marmite and Vitamin C Syrup or Juice) ...	containers	43,848	50,028	53,184	50,124
Baby Rusks	packets	16,352	18,972	18,204	17,184
Glucose	containers	780	516	564	540
Malted Milk	tins	6,792	6,000	6,828	6,480
Teats and Accessories		2,857	1,908	1,368	948
Medicaments		6,804	8,736	10,164	10,020

DISTRIBUTION OF GOVERNMENT WELFARE FOODS

At the end of the year there were, excluding Swindon, 18 main centres open in the towns and 152 smaller centres.

Issues of Food for 1967 are shown in the following table, together with those for the previous five years :—

	1962	1963	1964	1965	1966	1967
National Dried Milk (full cream and half cream) ...	50,702	42,026	33,761	31,820	24,268	16,256
Cod Liver Oil	8,683	5,143	4,821	4,514	3,961	4,018
Vitamins A & D tablets	6,836	5,217	5,043	4,789	4,665	4,595
Orange Juice	53,937	53,158	57,234	59,201	47,480	65,389

(These amounts do not include issues made in the Borough of Swindon, although these were accounted for centrally in the County Health Department).

Emergency needs are met by transfers arranged within the County from headquarters.

The continued reduction in issues of National Dried Milk is due to mothers preferring to buy proprietary milk foods and cheap liquid milk with their tokens. Little change occurred in the amount of cod liver oil and vitamin tablets issued in 1967; but a considerable increase in the issue of orange juice will be noted.

The distribution of welfare foods continues to be carried out mainly by voluntary helpers, whom I should like to thank for their valuable assistance. The total value of money collected for foods issued during the year was £7,054 1s. 1d. Sums totalling £9 19s. 1d. had to be written off, due mainly to insufficiently stamped tokens, these losses represent 0.14% of the annual turnover.

MENTAL HEALTH OF CHILDREN

Particulars of the work of the combined child guidance service for pre-school and school-children appear in my annual report as Principal School Medical Officer.

FAMILY PLANNING

In 1967, County Council support was continued for the Family Planning Association by assistance with the accommodation of their clinics in County Council clinic premises and also by the payment to the Association of the cost of examination fees, treatment and supplies for women for whom further pregnancy would be a detriment to health. This payment was made during the year for 15 such patients.

The County Council's own domiciliary family planning service has been set up and three medical officers are now trained as family planning doctors. Although quite a number of problem families were investigated with domiciliary family planning in mind, this service was not used during the year as many mothers of problem families were successfully persuaded to take advantage of clinic visits.

1967 saw the passing of the National Health Service (Family Planning) Act which empowers local health authorities to extend the present service by enabling them to provide advice and supplies for persons who need them on social grounds and not as hitherto only for women at medical risk. The Health Committee approved in principle of the extension of the service in Wiltshire on these lines including free examination and advice, and also approved of the remission of charges for any prescriptions given or drugs, contraceptive substances or supplies, in financially necessitous cases.

The need to limit expenditure in accordance with national policy, however, prevented this extension of the service, apart from a limited grant to the Family Planning Association to be devoted to free supplies in financially necessitous cases without medical need but where there were particularly important social problems.

PERINATAL MORTALITY AND CARE OF PREMATURE BABIES

The perinatal mortality rate (based on still births and deaths of infants under one week) is an indicator of the effectiveness of ante-natal care and obstetrics, and the following table shows the situation in this County since 1962 :—

Year						Total Births	No. of still births	No. of Deaths of infants under 1 week	Total Deaths of Infants under 1 week and still births combined	Perinatal Mortality Rate per 1,000 total births
1962	County					8,667	154	98	252	29.07
	County excluding Swindon					6,511	119	77	196	30.1
	Swindon					2,156	35	21	56	25.9
	England and Wales					856,070	15,487	10,888	26,375	30.8
1963	County					9,024	157	106	263	29.14
	County, excluding Swindon					6,934	113	79	192	27.6
	Swindon					2,090	44	27	71	33.9
	England and Wales					871,442	15,074	10,498	25,487	29.3
1964	County					9,417	172	122	294	31.22
	County, excluding Swindon					7,250	129	92	221	30.48
	Swindon					2,167	43	30	73	33.68
	England and Wales					888,499	14,509	10,573	25,082	28.25
1965	County					9,278	143	105	248	26.73
	County, excluding Swindon					7,208	110	83	193	26.77
	Swindon					2,070	33	22	55	26.57
	England and Wales					865,526	13,829	9,732	23,561	26.9
1966	County					8,990	132	105	237	26.36
	County, excluding Swindon					7,188	94	81	175	24.34
	Swindon					1,872	38	24	62	33.1
	England and Wales					862,163	13,206	9,447	22,653	26.3
1967	County					8,685	136	91	227	26.14
	County, excluding Swindon					7,018	100	67	167	23.7
	Swindon					1,667	36	24	60	35.9
	England and Wales					844,400	12,528	8,947	21,475	25.4

The following tables give the stated causes of still births, deaths of premature babies within twenty-eight days, and deaths of infants under one week. With the exception of five, all the deaths occurred within seven days, and are, therefore, included in the perinatal mortality figures.

Deaths of Premature Babies within 28 days

1967	Stated Causes of Deaths						County		County excl. Swindon		Swindon	
Prematurity	31	(23)	26	(22)	5	(1)
Atelectasis and Anoxia	17	(27)	12	(15)	5	(12)
Cerebral Haemorrhage	8	(14)	6	(10)	2	(4)
Congenital Heart Disease	—	(1)	—	(1)	—	(—)
Congenital Defects Kidneys and Bladder	—	(1)	—	(—)	—	(1)
Anencephaly	—	(1)	—	(—)	—	(1)
Other Congenital Defects	1	(3)	1	(3)	—	(—)
Hyaline Membrane	6	(1)	6	(1)	—	(—)
Rhesus Incompatability	—	(—)	—	(—)	—	(—)
Broncho-pneumonia	5	(5)	4	(4)	1	(1)
Septicaemia	—	(—)	—	(—)	—	(—)
Meningitis	1	(—)	—	(—)	1	(—)
Bilateral Adrenal Haemorrhage	—	(1)	—	(1)	—	(—)
Cerebral Abscess	1	(—)	1	(—)	—	(—)
Totals	70	(77)	56	(57)	14	(20)

The figures for 1967 are shown in brackets.

Deaths of Babies within one week excluding premature babies

1967	Stated Causes of Death						County		County excl. Swindon		Swindon	
Atelectasis and Anoxia	10	(2)	5	(2)	5	(—)
Cerebral Haemorrhage	5	(6)	2	(5)	3	(1)
Congenital Heart Disease	10	(2)	8	(1)	2	(1)
Congenital Abnormalities of C.N.S.	3	(3)	2	(3)	1	(—)
Congenital Abnormalities of Alimentary Tract	1	(1)	1	(1)	—	(—)
Other Congenital Abnormalities	1	(3)	—	(3)	1	(—)
Rhesus Incompatability	2	(1)	2	(1)	—	(—)
Broncho-pneumonia	1	(7)	1	(5)	—	(2)
Hyaline Membrane	—	(3)	—	(3)	—	(—)
Bilateral Adrenal Haemorrhage	1	(1)	1	(1)	—	(—)
Meningitis	—	(1)	—	(1)	—	(—)
Totals	34	(30)	22	(26)	12	(4)

The figures for 1967 are shown in brackets.

The following tables give information about premature births and the mortality rate up to 28 days :—

Year	Premature live births				Deaths of premature babies within 28 days, of which the numbers shown in italics occurred within 24 hrs.			
	Swindon	Rate per 1,000 live births	Remainder of County	Rate per 1,000 live births	Swindon		Remainder of County	
1962	132	62.2	373	58.3	13	<i>7</i>	39	<i>30</i>
1963	134	65.5	406	59.5	18	<i>8</i>	55	<i>19</i>
1964	162	76.1	468	65.7	21	<i>11</i>	66	<i>47</i>
1965	109	54.0	399	56.2	11	<i>9</i>	62	<i>28</i>
1966	142	77.4	398	56.6	20	<i>15</i>	57	<i>27</i>
1967	126	77.2	438	63.3	16	<i>12</i>	52	<i>27</i>

The following analysis refers to babies in the whole County who were prematurely born at home or in hospital :—

Year	Born at home or in a nursing home						Born in hospital		
	Total	Transferred to hospital	Died in hospital within 28 days		Died at home within 28 days		Total	Died within 28 days	
1962	75	19	2	1	2	2	430	48	34
1963	110	24	8	3	3	1	430	62	23
1964	90	25	2	2	4	4	540	81	52
1965	45	20	2	1	3	2	508	68	34
1966	27	14	3	1	Nil	Nil	513	74	41
1967	32	3	Nil	Nil	2	Nil	532	66	38

The figures in italics show the deaths of premature babies within 24 hours, which are included.

Oxygen cots for conveyance of premature or other babies to hospital are kept at the Trowbridge, Chippenham, Salisbury and Swindon ambulance stations and were used on 33 occasions during 1967.

1967		Stillbirths							
Stated Causes				County		County excl. Swindon		Swindon	
Placental infarction and Toxaemia of Pregnancy ...		23		(43)		14 (32)		9 (11)	
Atelectasis and Asphyxia ...		11		(7)		9 (4)		2 (3)	
Ante-partum haemorrhage without mention of Toxaemia or state of placenta ...		22		(17)		11 (13)		11 (4)	
Cord round neck, prolapse, other abnormalities of cord		7		(19)		7 (6)		— (3)	
Malpresentation ...		2		(2)		2 (1)		— (1)	
Lack of attention—pregnancy concealed ...		—		(1)		— (1)		— (—)	
Cerebral Haemorrhage ...		2		(8)		2 (4)		— (4)	
Anencephaly ...		21		(17)		18 (14)		3 (3)	
Other Congenital abnormalities of C.N.S. ...		8		(4)		5 (3)		3 (1)	
Congenital Heart Disease and other congenital abnormalities ...		2		(2)		2 (1)		— (1)	
Prematurity ...		7		(5)		7 (5)		— (—)	
Postmaturity ...		—		(1)		— (1)		— (—)	
Rhesus Incompatibility ...		4		(7)		1 (5)		3 (2)	
Haemorrhagic Disease ...		—		(1)		— (—)		— (—)	
Undetermined ...		27		(12)		22 (6)		5 (6)	
Totals ...		136		(135)		100 (96)		36 (39)	

The figures for 1967 are shown in brackets.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The following figures show the number of births out of wedlock in the County, the number of women assisted by the Diocesan moral welfare workers under the arrangements for the care of unmarried mothers and their infants, and the number admitted to mother and baby homes since 1962.

				<i>Illegitimate Live Births</i>			
<i>Year</i>				<i>No.</i>	<i>Percentage of</i>	<i>No. Assisted</i>	<i>Admitted to Mother</i>
					<i>Live Births</i>		<i>and Baby Homes</i>
1962	...	...	...	407	4.78	279	73
1963	...	...	...	489	5.51	287	80
1964	...	...	...	506	5.47	369	89
1965	...	...	...	571	6.25	375	112
1966	...	...	...	582	6.57	320	73
1967	...	...	...	596	6.97	376	104

The County Council continued their financial assistance to the Salisbury Diocesan Association for Social Welfare and the Bristol Diocesan Association for Family Welfare. The two organisations' field workers provide the skilled help for unmarried mothers and their children ; the Superintendent Health Visitor acts as liaison officer with the Associations whose social workers co-operate closely with the health visitors and other social workers on the County staff.

The Salisbury Diocesan Association continues to run two mother and baby homes in the County, one at Devizes and one at Beckingsale House, Salisbury. The former is in premises provided by the County Council but staffed by the Association.

The following table shows the number of births out of wedlock to women under 21 years of age assisted by moral welfare workers.

		1962	1963	1964	1965	1966	1967
Under 16 years of age	...	21	22	11	19	22	23
16 to 18 years of age	...	64	75	80	81	58	95
18 to 21 years of age	...	90	93	126	162	137	151

During the year there were 74 admissions to the Devizes Hostel, for 36 of which the Health Committee was financially responsible, and 24 admissions to other homes at the Council's expense, including 12 to Beckingsale House, Salisbury.

REPORT OF CHIEF DENTAL OFFICER, MR. D. MIDDLETON, L.D.S.

The amount of treatment given shows little change from the previous year, although much of the dental time spent on the mothers and pre-school children is impossible to record statistically, as it is preventive in nature.

Our aim is to see that every child commences school life with a sound dentition, (at the moment this is a distressing rarity), and the only way to achieve this objective is by means of prevention, i.e. instruction in oral hygiene and dietary habits. Unfortunately, the pressure of demand for treatment from the school age children prevents our limited dental staff from giving as much time as they would wish to this preventive side of their work. However, it is proposed to recommence at Devizes, the toddlers good dental health clinic early next year. This clinic was briefly started at Chippenham in 1965, but had to be abandoned when the dental officer resigned. At this clinic all three-year-olds, with their mothers, from a given area—generally a specific health visitor's area—are invited to attend for instruction from the dental staff on how to achieve good dental health.

The results achieved after ten years of the Ministry of Health's fluoridation studies are due to be published next year, and I hope that their findings will finally convince the sceptics of the true worth of this valuable public health measure.

No new dental clinics were opened during the year, but an additional mobile clinic, working in the western part of the County, has saved many mothers from the tedious journeys to the nearest clinic.

In conclusion, I should like to thank the health visitors for their continued support, especially in the field of health education.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS ATTENDANCES AND TREATMENT

<i>Number of Visits for Treatment during year</i>										<i>Children 0—4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
First visit	...	...	...	...	...	...	...	...	...	793	153
Subsequent visits	...	...	...	...	...	...	...	...	...	1,337	412
Total visits	...	...	...	...	...	...	...	...	...	2,130	565
Number of additional courses of treatment other than the first course commenced during year										33	13
Treatment provided during year :—											
Number of fillings	...	...	...	...	...	...	...	...	...	1,328	346
Teeth filled	...	...	...	...	...	...	...	...	...	1,182	298
Teeth extracted	...	...	...	...	...	...	...	...	...	490	179
General anaesthetics given	...	...	...	...	...	...	...	...	...	148	15
Emergency visits by patients	...	...	...	...	...	...	...	...	...	133	17
Patients X-rayed	...	...	...	...	...	...	...	...	...	4	12
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)										135	115
Teeth otherwise conserved	...	...	...	...	...	...	...	...	...	548	—
Teeth root filled	...	...	...	...	...	...	...	...	...	—	—
Inlays	...	...	...	...	...	...	...	...	...	—	—
Crowns	...	...	...	...	...	...	...	...	...	—	1
Number of courses of treatment completed during the year										416	108
<i>Prosthetics</i>											
Patients supplied with full upper or full lower (first time)										...	12
Patients supplied with other dentures										...	17
Number of dentures supplied										...	36
<i>Anaesthetics</i>											
General anaesthetics administered by Dental Officers										...	Nil
<i>Inspections</i>										<i>Children 0—4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of patients given first inspections during year										1,050	159
Number of patients above who required treatment										592	152
Number of patients above who were offered treatment										575	105

**Midwifery*

STAFF

The number of practising midwives in the area at the end of the year was as follows :—

Domiciliary midwives	(a) employed by County Council	...	75	(80)
	(b) Hospital Management Committee	...	3	(3)
Hospital Midwives	...	...	92	(88)
Midwives in private practice (including those in nursing homes)			4	(6)
			174	(177)

(The figures in brackets are those for 1966)

WORK UNDERTAKEN

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon :—

Category	Domiciliary Cases						Cases in Hospitals and Nursing Homes
	Doctor not booked		Doctor booked		Totals		
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present			
County Council Midwives	7 (—)	40 (5)	211 (127)	772 (1,091)	1,030 (1,223)	— (—)	
Midwives employed by Hospital Management Committees ...	— (—)	— (1)	26 (23)	116 (121)	142 (145)	4,353 (4,296)	
Private Midwives ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	
TOTALS ...	7 (—)	40 (6)	237 (150)	888 (1,212)	1,172 (1,368)	4,353 (4,296)	
	GRAND TOTAL ...					5,525 (5,664)	

(The figures in brackets are those for 1966)

In addition to the figures given in the above table, County Council midwives were asked to attend 1,853 women discharged from maternity hospitals before the tenth day.

The total number of live births has fallen slightly in accordance with the national trend.

There is more demand for early discharge and the proportion, as well as the number, of home confinements continues to fall, from 29 per cent. in 1965 to 24 per cent. in 1966 and to 22.5 per cent. in 1967, of the total births. In some areas, for instance, Bradford-on-Avon and Malmesbury, the percentage of home births is as low as 10 per cent.

The lack of home confinements means that many midwives are not having enough cases to maintain their interest and skills ; early discharges do not provide enough experience for midwives, although it is essential for the mothers to be under the care of midwives at this time.

There is difficulty in recruiting midwives to fill vacancies, particularly as it appears that the above trend is likely to continue.

Another effect of the shortage of district midwifery is inability to provide enough cases on the district for Part II C.M.B. students.

*The statistics in this section exclude the Borough of Swindon (unless specifically stated).

**Health Visiting*

STAFF

The following table shows the development of the service since 1953 and at the end of the year there were no vacancies on the establishment for health visitors.

Year	Establishment of qualified full-time staff at end of year (County area, excluding Swindon)
1953	24
1958	37
1963	63
1965	73
1966	78
1967	80

No further assistants to health visitors commenced duty during the year ; a total of seventeen being employed at the end of the year. Three more appointments of this nature were planned for 1968. The assistants during the year undertook about 28,600 routine visits in connection with the home help service, about 18,760 of these being visits to households of patients receiving the service. In addition 4,534 visits were paid to other homes regarding general care of the elderly, chiropody, school-children, and mothers and young children. They also attended some 1,723 clinic sessions.

WORK UNDERTAKEN

The following table gives a summary of the visits undertaken by the health visitors during 1967 with figures for 1966 in brackets.

Number of Children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 but under 2 years	Children age 2 but under 5 years	Tuber- culous house- holds	Other cases	Grand Total of Domi- ciliary visits
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
25,700 (24,683)	1,718 (1,865)	2,755 (2,253)	6,854 (6,982)	35,653 (39,495)	19,846 (18,847)	27,416 (25,517)	472 (613)	31,820 (26,032)	117,962 (112,757)

The table excludes school nursing visits.

The number of live births (excluding Swindon) corrected according to domicile, was 6,918. The figure for 1966 was 7,024.

Two trainee health visitors commenced qualification courses at Bristol University in the autumn under the County scheme.

Four health visitors regularly gave field-work instruction to trainees and students from colleges and authorities outside Wiltshire.

Health visitors attended refresher courses outside the County and also at resident courses arranged at the College of Adult Education, Urchfont Manor.

*The statistics in this section exclude the Borough of Swindon (unless specifically stated).

GENERAL

The development of relaxation and mothercraft classes and health education in schools and clinics has continued.

The following table shows the average population per health visitor, with figures for previous years :—

County (excluding Swindon)			
Year	Estimated Population, Mid-Year	Establishment of Health Visitors	Average Population per Health Visitor
1957	327,400	31	10,561
1958	326,040	37	8,811
1959	329,340	48	6,861
1960	333,100	56	5,948
1961	338,690	61	5,552
1962	344,700	61	5,650
1963	351,110	63	5,573
1964	359,640	65	5,533
1965	366,420	73	5,019
1966	372,940	78	4,772
1967	381,160	80	4,764

Almost all school nursing duties are undertaken by qualified health visitors, and only one district nurse is now undertaking these duties.

Considerable progress had been made by the end of the year with the attachment of health visitors to the practices of general practitioners ; 80 per cent. of the health visitors were attached and 96 per cent. of the general practitioners resident in the County, excluding Swindon, had attachments of health visitors. One hundred and forty-eight doctors in Wiltshire had health visitors attached and only six had none attached.

Health visitors continue to devote a considerable amount of time to the home help service, and during the year paid 5,176 visits, compared with 6,405 in the previous year.

TRAINING SCHEME

Three students completed training and filled vacancies in the establishment in July. Two students commenced training in October.

SCREENING TESTS

(a) *for deafness*
Health visitors continue to undertake screening tests on babies at the age of three to four months, and when any hearing loss is suspected, further investigation is arranged. During the year 5,046 tests were made.

(b) *for phenylketonuria*
Routine tests are undertaken at four weeks for this rare condition, which leads to severe mental subnormality unless discovered and treated very early. 6,801 tests were made during the year. No positive case was detected during the year.

“ AT RISK ” REGISTER

At the end of the year, 4,160 children were on the register of children born on or after 1st January, 1962, who had been subject to certain adverse influences in pre-natal, perinatal or post-natal life. The children are visited by health visitors at 3 months, 6 months, 1 year, 1½ years, 2, 3 and 4 years. The last is the final visit before they start school.

Two thousand and seventy-six (2,076) children were added to the register in 1967, and the following is an analysis of the children registered each year since 1962 and the categories into which they were placed :—

Family History	1962	1963	1964	1965	1966	1967
Family history of deafness	2	3	1	9	16	53
Parental diabetes	2	—	2	6	13	52
Congenital abnormality in parents or siblings ...	—	—	3	5	12	77

Pre-natal

Rubella in early pregnancy	...	...	...	...	3	4	1	1	3	17
Other virus infections in early pregnancy	...	...	...	...	—	—	3	—	2	10
Toxaemia in pregnancy	...	...	...	...	31	47	47	75	120	440

Perinatal

Premature birth—Birth weight 5½ lbs, or less, Gestation 36 weeks or less—Low birth weight (5½ lbs or less), Gestation more than 36 weeks	...	...	...	...	67	94	115	160	216	399
Postmature birth (i.e. 42 weeks or more)	...	...	...	...	—	—	—	—	—	219
Prolonged or difficult labour	...	...	...	...	55	75	110	160	302	587
Anoxia	...	...	...	...	5	14	10	15	37	216
Neonatal jaundice and rhesus incompatibility (including exchange transfusion)	...	...	...	...	9	22	26	50	86	79
Convulsions, cyanotic attacks	...	...	...	...	3	2	1	6	15	16
Cerebral palsy	...	...	...	...	2	4	—	—	3	—
Presence of congenital abnormalities, with possibility of others	...	...	...	...	1	21	24	29	53	100

Post-natal

Meningitis or encephalitis	...	...	...	...	2	1	—	1	5	1
Otitis media	...	...	...	...	1	1	1	1	2	1
Mental backwardness	...	...	...	...	1	2	—	1	3	1

These figures are larger than the number of children on the “ At Risk ” register since some children fall into more than one category.

The increase in the numbers of children admitted to the register in 1967 reflects the more accurate handling of data now that the computer is used for this register. It does not reflect an actual increase in the number of those who come within the definitions for the “ At Risk ” register but merely a fuller recording, which has made it plain that the definitions themselves require revision so as to make them more exact and discriminating.

CONGENITAL MALFORMATIONS

As from the 1st January, 1964, a scheme was introduced nationally for the notification of children born with congenital malformations apparent at birth.

During the year 120 children with such malformations were reported and the following is an analysis of the total of 147 malformations notified :—

	1964	1965	1966	1967
Central Nervous System	52	34	48	40
Eye and Ear	13	4	4	5
Alimentary System	25	20	21	13
Heart and Great Vessels	14	11	1	8
Respiratory System	8	—	5	—
Uro-genital System	20	15	14	7
Limbs	67	75	69	57
Other Skeletal	7	5	2	3
Other Systems	15	10	3	11
Other Malformations	10	12	5	3
	231	186	172	147

The notification scheme was introduced following the demonstration of the effects of the drug thalidomide and suspicions of other drugs, which helped to demonstrate the need for a continued record of at least the major abnormalities detectable at birth.

PROBLEM FAMILIES

The following table shows the volume of work undertaken during the year by the health visitors who continue to devote a considerable amount of time to helping families with seriously unsatisfactory conditions. The figures in brackets are those for 1966 :—

	1966	1967
Number of families on list at end of year	(123)	110
Number added to list during year	(13)	23
Number removed from list (improved) during year	(8)	24
Number removed from County during year	(8)	11
Number removed from list (evicted and children to care) ...	(3)	1

One special home help only has been employed during the year, in the Trowbridge area. Nine families were assisted by the one whole-time special home help, and in addition specially selected part-time home helps assisted twenty problem families. Since the service started in 1955, 128 families have been helped with 210 periods of service.

HEALTH EDUCATION

Health visitors hold a key position in health education work and the subject is dealt with separately in the following section.

Health Education

In 1967, once more demands on the medical officers' time meant that too few schools were visited for the purpose of showing films and giving talks on the dangers of cigarette smoking. Better progress was, however, made by the health education teams (each comprising a medical officer and a health visitor with a special interest in the subject). It was possible to make arrangements for lectures in personal relationships to be given, and for the sound film "The Innocent Party" on this subject, to be shown at all secondary schools where the head teacher had asked for this to be done.

During the year health visitors gave 2,178 talks, on subjects as follows :

Parentcraft talks in schools	...	...	...	...	...	...	...	460	school periods
Health talks in schools	...	...	...	...	...	...	...	795	" "
Parentcraft and child care talks in colleges of further education	...	...	...	...	...	...	...	221	" "
Discussion groups and films given to Mothers' Clubs and Mother and Father Clubs held during afternoons or evenings	...	...	...	...	...	...	...	189	meetings
Health talks and group discussions at Child Welfare Centres	...	...	...	...	...	...	...	341	"
Health talks to other bodies, e.g. youth clubs, parent teacher associations and voluntary societies, including Home Safety talks to Over-60 Clubs, etc.	...	...	...	...	...	...	...	172	"
								2178	

Of the 795 health talks given in schools by health visitors, only 190 were given in primary schools ; there is a need for more.

Talks were also given by medical, dental and other staff on various topics including drug addiction, oral hygiene and home safety, etc., to such bodies as staffs of secondary schools and colleges of further education, Women's Institutes, youth clubs and clubs for the elderly.

The three sound film projectors and two slide/strip projectors which are available for health education purposes were used more in 1967 than ever before.

The library of sound films was added to during the year, the additions including two films on diet and health ("You—the living machine" and "Something you didn't eat"), "Drugs and the nervous system" and two films on child development ("Terrible Twos and Trusting Threes" and "Frustrating Fours and Fascinating Fives"). Some film strips on various health education topics were also acquired.

In addition to these films many sound films were hired from film libraries in London and elsewhere, and some obtained on free loan.

The use of leaflets and posters on many health education topics, continued to increase.

The largest amount of health education, and probably the most effective, is still that carried out by health visitors and other staff by personal contact with mothers, children, the elderly and other members of the public.

Health education is a way of thinking which should constantly influence the activities and advice of health workers of all kinds and not merely the use of technical aids or the holding of set talks and discussions.

The County Council made a grant to the Central Council of Health Education on the same basis as in former years.

SMOKERS' HEALTH CLINICS

The first Smokers' Health Clinic was opened at Melksham in January 1963 since when three others have been commenced at Trowbridge, Salisbury and Warminster. Advertisements in the local press continue to produce a steady flow of applications for appointments and a total of 54 people completed the course during the year, the results being analysed as follows :—

	1967	1963-67
Ceased smoking	14	63
Reduced to five or less daily	—	16
Reduced to ten or less	24	67
Changed to pipe	5	10
Benefitted from Course	43	156
Achieved no real reduction	11	34
Completed course	54	190

The long-term results are difficult to assess, insufficient replies from questionnaires being received to make accurate conclusions. It would appear, however, that after one year the relapse rate is probably at least 50%. As long as the demand for appointments continues, it is considered worth while keeping the clinics open with a view to helping the few who desire to give up smoking, and as a contribution to the general propaganda against smoking.

**Home Nursing*

At the end of the year there were 90 home nurses, 15 being engaged whole-time on this service.

The following table shows work done during 1967 with figures for 1966 in brackets.

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals
Number of Cases Attended	5,155 (5,340)	1,584 (1,936)	59 (46)	47 (42)	113 (91)	738 (592)	7,696 (8,332)
Number of Visits Paid	82,336 (88,936)	24,545 (26,536)	220 (197)	850 (1,967)	836 (569)	2,817 (3,347)	111,604 (121,552)

Of the total of 7,696 persons nursed, 466 were under the age of 5 and 3,118 were over the age of 65 at the time of the first visit in 1967.

After a sudden and considerable increase in the number of patients attended and visits paid in 1966, the 1967 figures fell but to a number still above those of 1965. The proportion of elderly patients continues to rise, and at any one time over 60% currently receiving treatment are likely to be over 65 years. 80-90% of the conditions treated are chronic conditions requiring treatment over many months or years.

The demand for incontinence pads continues and requests are now being received for pants and disposable linings for the ambulant incontinent patients, which can be of considerable assistance in maintaining their independence and well being.

A detailed and comprehensive survey of the home nursing and midwifery service was undertaken in 1967 ; it included analyses of information on most aspects of the service, and the present position was compared with that of ten years previously. The results of the survey indicated that improvement of the service was possible by re-organisation and re-deployment. Preparation was commenced of a plan for consideration by the Health Committee in 1968.

In September the six home nurses in Salisbury were attached to the practices of the twenty-one general medical practitioners in the city.

*The statistics in this section exclude the Borough of Swindon (unless specifically stated).

**Immunisation*

During the year records of vaccinations and immunisations given to children born since 1st January, 1966, have been recorded in the County Council's computer and since July 1967, arrangements for immunisation of these children at County clinics have been made by the computer. About two weeks before the immunisation session is due, the computer prepares for each clinic, schedules of time and appointments of children to attend and indicates which immunisation procedures are to be carried out. It also produces individual appointment cards for sending to parents. A pilot scheme has also been commenced, with the co-operation of certain doctors in West Wiltshire, for arrangement by the computer of the sessions held by general practitioners, and these include vaccinations as well as immunisation.

From 1st April, 1967 responsibility for payment for records of vaccination and immunisation carried out by general medical practitioners, passed from the County Council to the Executive Council. A copy of each record/claim form is, however, passed by the latter to the local health authority and it is on these forms that the authority relies for knowledge of such immunisations, though as general practitioners' work comes within the computer scheme the information will become directly available.

The new system includes no provision for the submission of records of the immunisation and vaccination of service families by service medical officers, and in consequence the detailed information following is an understatement to some degree of the immunisation undertaken in Wiltshire against the various diseases mentioned. The Army has subsequently kindly agreed to provide the necessary information in future.

From June the responsibility for distribution of smallpox vaccines, hitherto distributed to general practitioners by the Public Health Service Laboratories, became a County Council responsibility.

The following paragraphs give detailed information of immunisation and vaccination undertaken against various diseases by the County medical staff and by the general practitioners :

VACCINATION AGAINST SMALLPOX

	1965	1966	1967
No. of primary vaccinations undertaken by general practitioners	4,043	4,520	3,608
No. of re-vaccinations	414	915	626
TOTALS ...	4,457	5,435	4,234
No. of primary vaccinations of children under age 5 (also included above) ...	3,900	4,262	3,339
No. of children under 2 years vaccinated, expressed as percentage of live births ...	46.7	49.5	37.8

The lower figures for 1967 are no doubt due to the new practice of recommending vaccination in the second year of life rather than the first and if this recommendation were fully carried out, no children born in 1967 would be vaccinated in that year, unless undertaken for some special reason such as travelling abroad where vaccination were required or as a suspected contact with smallpox.

IMMUNISATION AGAINST DIPHTHERIA

	PRIMARY		REINFORCING	
	1966	1967	1966	1967
No. of immunisations undertaken by— County Council Medical Officers ...	2,899	2,930	4,795	5,200
General Practitioners	3,967	2,934	3,951	4,360
TOTALS ...	6,866	5,864	8,746	9,560

No. of children born during period 1958-62 (i.e. 5-9 years of age) and immunised against diphtheria during 1967 (expressed as a percentage of new school entrants) 75.13

Combined immunisation against diphtheria, whooping cough and tetanus was provided unless separate immunisation was desired by the parent or required for medical reasons.

*Statistics in this section exclude the Borough of Swindon (unless specifically stated).

IMMUNISATION AGAINST WHOOPING COUGH

				PRIMARY		REINFORCING	
				1966	1967	1966	1967
No. of immunisations undertaken by— County Council Medical Officers ...				2,535	2,585	821	546
General Practitioners				3,919	2,866	2,753	2,690
TOTALS ...				6,454	5,451	3,574	3,236

IMMUNISATION AGAINST TETANUS

				PRIMARY		REINFORCING	
				1966	1967	1966	1967
No. of immunisations undertaken by— County Council Medical Officers ...				3,285	3,039	4,949	5,442
General Practitioners				4,815	4,440	5,069	5,858
TOTALS ...				8,100	7,479	10,018	11,300

The following table summarises the work of immunisation against diphtheria, whooping cough and tetanus undertaken during the year.

		Children born in years								Totals
		Before 1952	1952— 1957	1958— 1962	1963	1964	1965	1966	1967	
PRIMARY	Diphtheria only	—	—	1	1	—	1	—	—	3
	Diphtheria and Whooping Cough combined	—	—	—	—	—	—	—	—	—
	Tetanus only	1,198	326	88	1	4	1	—	—	1,618
	Diphtheria, Whooping Cough and Tetanus combined	—	6	31	17	24	118	2,553	2,702	5,451
	Diphtheria, Whooping Cough, Tetanus and Poliomyelitis combined	—	—	—	—	—	—	—	—	—
	Diphtheria and Tetanus combined	5	13	216	34	28	29	45	40	410
	TOTALS ...	1,203	345	336	53	56	149	2,598	2,742	7,482
REINFORCING	Diphtheria only	—	4	24	—	—	1	—	—	29
	Diphtheria and Whooping Cough combined	—	—	—	—	—	—	—	—	—
	Tetanus only	1,190	371	181	17	9	1	—	—	1,769
	Diphtheria, Whooping Cough and Tetanus combined	3	28	747	105	200	1,525	628	—	3,236
	Diphtheria, Whooping Cough, Tetanus and Poliomyelitis combined	—	—	—	—	—	—	—	—	—
	Diphtheria and Tetanus combined	13	68	3,489	193	227	1,487	810	8	6,295
	TOTALS ...	1,206	471	4,441	315	436	3,014	1,438	8	11,329

As a further guide to the immunisation state, by the end of 1967 immunisation against diphtheria (and this would in most cases have been combined with immunisation against whooping cough and tetanus) has been completed as follows :—

<i>Children born in</i>	<i>Immunised against diphtheria by 31.12.67</i>	<i>Registered live births</i>	<i>Percentage of live births</i>
1964 ...	6,061	7,117	85.2
1965 ...	6,232	7,098	87.8
1966 ...	5,586	7,024	79.5

IMMUNISATION AGAINST POLIOMYELITIS

The following table gives a general view of the work undertaken in 1967 :—
Children completing primary immunisation

Age Group				No. of children who received 3rd dose of oral vaccine
Children born in 1967	...	...	...	2,617
Children born in 1966	...	...	...	2,802
Children born in 1965	...	...	...	478
Children born in 1964	...	...	...	134
Children born in years 1960-63	...	...	...	790
Others under age 16	...	...	...	150
TOTALS				6,971

Persons receiving reinforcing doses

No. of persons given 3rd injection of Salk vaccine or 4th injection of quadruple vaccine	...	—
No. of persons given a reinforcing dose of oral vaccine	... ..	7,675
TOTAL	... ..	7,675

The following table shows completed immunisation carried out by the end of 1967 in respect of children born in the particular years :—

<i>Children born in</i>	<i>Number immunised by 31st Dec., 1967</i>	<i>Number of registered live births</i>	<i>Percentage immunised</i>
1964 ...	6,180	7,117	86.8
1965 ...	6,458	7,098	91.0
1966 ...	5,536	7,024	78.8

Records of immunisation of hospital staff and their families when performed by the hospital medical staff are not required by the local health authority. The Department supplied 250 units of oral vaccine to hospitals in 1967 for their staff.

IMMUNISATION AGAINST TUBERCULOSIS

The following table shows the extent to which the programme was carried out. The number of children in maintained schools who were entitled to heaf testing given in the table includes 190 who could not be dealt with in 1966. The table shows 242 children in maintained schools and a number in other schools who could not be offered heaf tests in the year. These will be carried forward to 1968.

Type of school or college	Schools at which immunisation was carried out		Schools at which immunisation was not carried out	
	No. of schools	No. of persons who were entitled to heaf testing	No. of schools	Estimated No. of persons who were entitled to heaf testing
Maintained	46	5040	3	242
Independent	10	386	5	Not known
Approved	2	44	—	—
F.E.	1	8	3	Not known

The results of heaf testing in schools at which immunisation was carried out were as follows :—

	Heaf Tested		Positive		Negative and Immunised
	No.	Percentage of those entitled to heaf testing	No.	Percentage of those tested	
Maintained	4064	80.63	765	18.82	3288
Independent	344	89.12	93	27.03	248
F.E. Colleges	2	25.0	—	—	2
Approved	36	81.81	9	25.0	27
Total	4446	81.16	867	19.51	3565

Forty-one children had unusually strong reactions to the heaf tests and were given appointments at the chest clinic for investigation. The results were as follows :—

Nothing abnormal discovered and not to be seen again at clinic	10
Nothing abnormal discovered but to have follow-up appointments	25
Kept under observation at clinic	—
Left Wiltshire	1
Failed appointments	5
	—
	41
	—

In 1967 the arrangements for the pilot scheme heaf testing of five-year-old children in the Salisbury area described in the report for 1966 were continued. No case of primary tuberculosis was, however, found during the year as a result, and in view of this and the insignificant results in 1966, the Health Committee decided in 1968 to discontinue the scheme.

Ambulance Service

During the year, the local training courses for ambulance service staff covering medical and other subjects that were such a success in previous years were continued and we are again indebted to consultants of the South-Western and Oxford Regions, the Chief Constable, the Chief Fire Officer and other speakers. In September three members of the staff successfully completed the first of the Ministry of Health's experimental ambulance training courses at the ambulance training school, Bishop's Waltham.

The Report of the Ministry of Health Working Party on Ambulance Training and Equipment, Part II—Equipment and Vehicles, was received in September and it was gratifying to find that the Wiltshire ambulance service had already been to a large extent provided with equipment on the lines suggested in the report.

The County Car Pool once more undertook the major share of the sitting case work ; the Service owes a great deal to the way in which these drivers co-operate. The voluntary aid units also continued to give valuable assistance.

The following table shows the number of patients carried and the mileage undertaken by the Ambulance Service in each area during the year. The figures for 1966 are shown in parenthesis. Although the work has increased, the County Council and Car Pool vehicles showed an additional mileage proportionately smaller than the increase in patients, showing that attention was paid to the economical planning of journeys.

During the last 12 years the service has owed a good deal to the Vanden Plas Princess ambulances which have formed the main part of the fleet. These are now going out of production and the search for a new vehicle to replace them as need arises has now started. This may not be easy to find as the limited market does not encourage manufacturers to produce purpose-built ambulances, while those with commercial chassis are often hard on the patients.

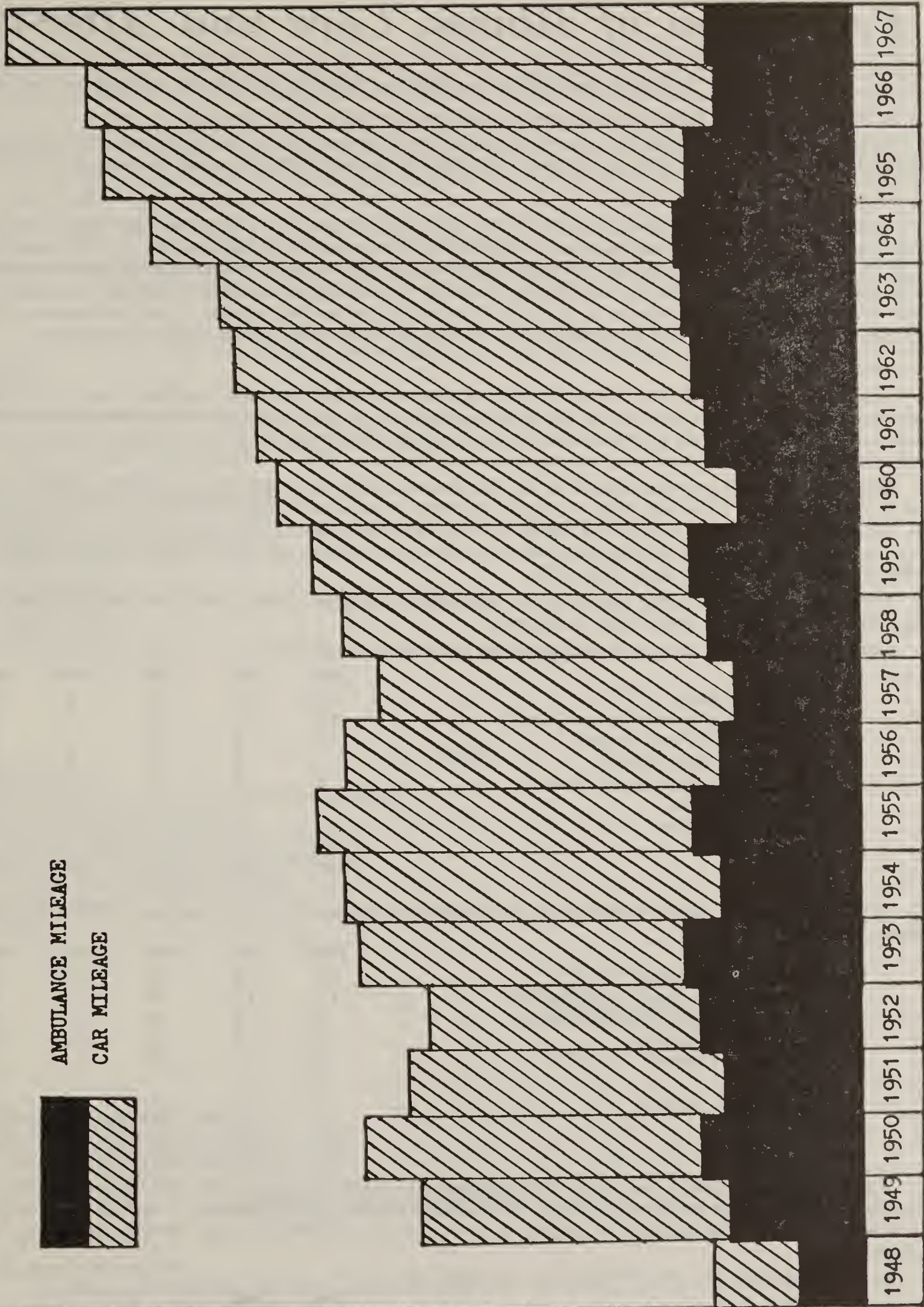
Ambulance Area						Patients				Miles	
						Accident or Emergency		Other			
TROWBRIDGE											
County Council Vehicles						(1,895)	1,935	(42,973)	45,960	(271,768)	296,961
Voluntary Organisation Vehicles						(64)	34	(823)	619	(19,108)	14,660
County Car Pool						(—)	—	(15,844)	16,441	(238,446)	259,708
Hire of Multi-seat Transport						(—)	—	(1,338)	4,684	(4,791)	20,140
						(1,959)	1,969	(60,978)	67,704	(534,113)	591,469
CHIPPENHAM											
County Council Vehicles						(920)	1,057	(18,780)	21,219	(173,028)	191,155
Voluntary Organisation Vehicles						(—)	—	(3,088)	3,013	(19,968)	28,586
County Car Pool						(—)	—	(10,316)	10,746	(135,860)	143,279
Hire of Multi-seat Transport						(—)	—	(246)	788	(755)	2,106
						(920)	1,057	(32,430)	35,766	(329,611)	365,126
SALISBURY											
County Council Vehicles						(1,337)	1,475	(8,287)	10,331	(105,575)	110,692
County Car Pool						(—)	—	(30,883)	34,023	(344,237)	395,385
						(1,337)	1,475	(39,170)	44,354	(449,812)	506,077
SWINDON											
County Council Vehicles						(2,603)	2,810	(34,468)	45,627	(193,476)	217,974
Voluntary Organisation Vehicles						(173)	64	(1,100)	1,136	(29,631)	28,226
County Car Pool						(—)	—	(24,837)	33,775	(301,972)	353,529
						(2,776)	2,874	(60,405)	80,538	(525,079)	599,729
GRAND TOTAL						(6,992)	7,375	(192,983)	228,362	(1,838,615)	2,062,401

						Increase in Patients over 1966		Increase in Mileage over 1966	
TOTAL									
County Council Vehicles	...	...	...	...	...	19,151	17.21%	72,935	9.8 %
County Car Pool	...	...	...	...	...	13,105	16.01%	131,386	12.9 %
Voluntary Ambulance Units	...	...	...	...	...	382	7.28%	2,765	4.0 %
Hire of Multi-seat Transport	...	...	...	...	...	3,888	245.45%	16,700	301.0 %

The following table shows the number of patients carried and mileage covered by County Council (NOT Volunteer or County Car Pool) vehicles, (Ambulances, dual purpose vehicles, cars).

				Patients				Miles	
				Accident or Emergency		Other			
County Council Ambulances	...	...	...	(5,772)	6,404	(27,439)	29,503	(324,524)	349,253
County Council Cars	...	...	...	(571)	501	(10,420)	12,986	(103,312)	110,620
County Council Cars (Dual Purpose)		...	...	(412)	372	(66,649)	80,648	(316,011)	356,909
.				(6,755)	7,277	(104,508)	123,137	(743,847)	816,782

THE FOLLOWING DIAGRAM SHOWS THE MILEAGE TRAVELLED SINCE THE INCEPTION OF THE SERVICE IN 1948.



**Prevention of Illness, Care and After-care*

- (a) Tuberculosis } Reports under these headings are made in the relevant sections on pages 41 and 37.
 (b) Mental Health }
 (c) Other types of illness and follow-up of patients discharged from Hospital.

Improved co-operation with the other branches of the National Health Service is one of the most important aims and wherever possible this is encouraged, especially on the basis of local contact between the staff in the field.

(d) RECUPERATIVE HOLIDAYS

During 1967 arrangements were made for 33 convalescent patients, a desirable increase in the use of this facility over the 16 cases last year, they were admitted to 10 recuperative holiday homes, most of them sited on the coast. Two weeks' holiday is normally provided and contribution towards the cost is required in accordance with the assessment scale laid down by the County Council. Travelling arrangements and expenses are the responsibility of the patient. The scheme is restricted to patients not needing nursing or medical care and it has been difficult to find accommodation for patients over 80 and for those with certain medical conditions.

(e) SOCIAL CASEWORK

The year opened with two social workers sharing the work and two students from Bristol College of Commerce in training here, but one of the social workers left in April and the students finished their placements shortly after. No new work was therefore able to be accepted between March and October, when new cases were again taken with the arrival of two new students from Bristol.

The types of problems experienced by the families receiving casework help have again varied considerably, and in most instances there has been a complex pattern of social difficulties contributing to their need for help. The necessity for long-term support for many of these families is clearly shown by the fact that 5 families have been continuously visited at varying intervals since the social worker was first appointed to the Department in January, 1963, and 5 others since early 1964.

There were 35 families being visited at the beginning of the year, during which work with fourteen new cases was commenced, and two closed cases re-opened.

Sources of referral as compared with previous years were as follows :—

From :	1963	1964	1965	1966	1967
Health Visitors	26	17	13	5	4
District Medical Officers of Health	13	1	—	1	1
Educational Psychologists	3	4	4	1	2
Mental Welfare Officers	1	2	5	6	4
Hospital Medical Social Workers	4	3	1	—	2
Case Conference	—	1	1	—	1
Own Application	—	—	1	1	—
	47	28	25	14	14
	—	—	—	—	—

The main causes of social breakdown in the families as compared with the pattern of previous years are as follows :—

	1963	1964	1965	1966	1967
Behaviour problem	12	3	5	—	2
Difficulties in family relationships	11	12	8	5	3
Long-term and congenital illness	8	3	6	2	4
Financial difficulties	6	6	3	5	5
Housing problems	6	3	3	—	—
Old Age	2	1	—	2	—
Unmarried mothers	2	—	—	—	—
	47	28	25	14	14
	—	—	—	—	—

The various opportunities for contact with colleagues in the field of social work which are afforded by meetings of student supervisors at the Bristol College of Commerce and at case conferences in various parts of the County are valuable to the social workers in helping to share common problems and to develop new ideas, new skills and insights.

At December 31st, the state of cases was as follows :—

	1966	1967
Completed during the year	20	16
Weekly visits	22	19
Monthly visits	15	16
Awaiting 1st visit	—	—
	57	51
	—	—

*Statistics in this section exclude the Borough of Swindon (unless specifically stated).

(f) HEARING THERAPY

The Hearing Therapist—who is a trained teacher of the deaf—is concerned with the implications of hearing loss in children of all ages. All children who are “ at risk ” of congenital deafness because of family history, maternal rubella, toxæmia and other causes are referred to the hearing therapist for assessment as are children who have recently suffered with meningitis. He assesses the hearing of small babies by the more specialised screening tests (free-field distraction) and of older pre-school children by performance pure-tone audiometry according to their age and ability. He works closely with ear, nose and throat specialists and the School Health Service. He instructs parents about the causes and nature of hearing loss and advises them about the methods of training their children, in communicating with them and in encouraging their speech and language development. The Hearing Therapist supervises the entry to school of older partially hearing children and refers those needing continued basic teaching and auditory training to peripatetic teachers of the partially hearing. He continues to observe children admitted to residential schools for the deaf and partially hearing as well as those admitted to ordinary schools as part of the continued supervision provided for children of all ages with impaired hearing in this county.

A second Hearing Therapist was added to the establishment, but there has been no applicant respond to our advertisements.

New referrals during year from :—

Origin									
Awaiting initial testing at end of 1966	...	...	...	...	...	...	...	16	(8)
“ At Risk ” register	...	...	...	...	...	...	...	41	(51)
Health Visitors (other referrals)	...	...	...	...	...	...	...	43	(29)
Otologists	...	...	...	...	...	...	...	8	(15)
Paediatricians	...	...	...	...	...	...	...	15	(5)
Child Welfare Centres	...	...	...	...	...	...	...	13	(12)
Psychiatrists	...	...	...	...	...	...	...	1	(—)
Psychologists	...	...	...	...	...	...	...	2	(5)
Family doctors	...	...	...	...	...	...	...	10	(7)
Transfers into County	...	...	...	...	...	...	...	6	(10)
Total								155	(150)

Results									
Satisfactory	...	...	...	...	...	...	...	84	(45)
Satisfactory for future pure-tone audiometry	...	...	...	...	...	...	...	36	(20)
Continuing free-field testing	...	...	...	...	...	...	...	11	(32)
Conditioning for pure-tone audiometry	...	...	...	...	...	...	...	—	(—)
Slightly deaf (not requiring hearing aids)	...	...	...	...	...	...	...	10	(19)
Severely deaf (requiring training)	...	...	...	...	...	...	...	10	(10)
Left the county	...	...	...	...	...	...	...	2	(6)
Died	...	...	...	...	...	...	...	2	(2)
Total tested								155	(134)
Awaiting assessment								—	(16)
Total								155	(150)

Parent guidance and auditory training :

Receiving training at beginning of year	...	...	...	...	...	...	24	(19)
Training commenced during the year	...	...	...	...	...	...	10	(12)
Total children trained during 1967							34	(31)

Disposal during 1967 :

Entering school for the deaf or partially hearing	...	...	...	...	3	(1)
Entered Partially Hearing Unit	...	...	...	...	2	(1)
Commenced at ordinary infants school	...	...	...	...	2	(—)
Commenced at private nursery/infants school	...	...	...	...	—	(—)
Left the county	...	...	...	...	1	(4)
Hearing aid withdrawn after observation	...	...	...	...	—	(1)
Training continued at end of year	...	...	...	...	26	(24)
Total					34	(31)

Total number of children visited for training and assessment	...	...	...	...	...	219	(197)
Total number of visits to homes	...	...	...	...	...	661	(794)
Hospital hearing aids issued	...	...	...	...	...	5	(7)
Commercial hearing aids purchased	...	...	...	...	...	12	(13)

Twenty-two speech training units are available for loan to parents.

Television sets were adapted to drive induction loops for eight children.

(g) CHIROPODY

The following tables, with the 1966 figures in brackets, show that the use of the service has increased during the year under review, as it also did the previous year.

	By County Council chiroprodists	By private chiroprodists working on behalf of the County Council	By Voluntary Organisations	Total numbers of persons treated
Expectant Mothers	3	—	Nil	3
Physically handicapped	22	—	2	24
Persons of retirement age	3109	300	1566	4975
	3134 (2173)	300 (346)	1568 (1552)	5002 (4071)

Treatment by	In patients' homes	In Clinics or Club sessions	In Chiroprodists' surgeries	In Welfare Homes	Total numbers of treatments
County Council chiroprodists	10,617	879	—	2,955	14,451 (11,222)
Private chiroprodists working on behalf of the County Council	170	—	2,134	—	2,304 (2350)
Voluntary organisations aided by County Council grant	982	967	2,178	—	4,127 (3,826)
Totals	11,769	1,846	4,312	2,955	20,882 (15,398)

The conditions treated by the County Council chiroprodists were :—

Corns, callouses, etc. not complicated by other physical conditions	...	...	2,422	(1,613)
Severe nail conditions	...	...	491	(392)
Similar lesions complicated by other physical conditions :—				
Diabetes	...	...	126	(96)
Sepsis	...	...	50	(36)
Severe circulatory disorders	...	...	45	(35)
Gangrene	...	...	3	(1)
			3,137	(2,173)

The overall number of treatments given represents a 36% increase over 1966.

The following table shows patients who commenced treatment under County chiroprodists during 1967, classified by age group :—

Age Group	Domiciliary	Clinic
Under 60	41 (21)	5 (2)
60—	59 (45)	24 (11)
65—	138 (88)	24 (35)
70—	196 (123)	38 (25)
75—	207 (156)	12 (7)
80—	105 (130)	5 (3)
85—	101 (56)	— (—)
90 and over	29 (28)	— (—)
	876 (647)	108 (84)

At the end of 1967 the average time of waiting for a new patient to receive the first treatment was three weeks. There were nine chiropodists employed at the end of the year ; two of them had been trained under the County Council's training scheme at the School of Chiropody, Salford Technical College. During the year, one student took up training under the scheme, making two under training at Salford at the end of the year.

Chiropodists conduct treatment sessions at County Health Clinics at Corsham, Melksham, Salisbury, Trowbridge and Warminster, and also at the Borough of Swindon's Eastcott Hill Clinic for patients living in the Stratton St. Margaret, Haydon Wick and Cricklade areas, for those persons who are able to travel. Regular visits are made to six grouped dwellings in the County as well as to a Cheshire Home and a private Nursing Home for the elderly. Visits for treatment were made to Over 60's clubs at Codford, Sherston and Trowbridge, and also at clinics held in the Lecture Hall at Mere. Six voluntary organisations concerned with the welfare of the elderly arranged treatment by qualified chiropodists during the year, and grants totalling £1,447 were made to them.

The demand for the service increased during the year, due to the increasing proportion of elderly persons in the population, and one elderly people's Welfare Association alone referred 100 of their members for service under the County scheme. One private chiropodist was unable to continue her services for the County in the Corsham area after August, and the 93 patients she treated were added to the case load of the County staff.

(h) PROVISION OF HOME NURSING EQUIPMENT

During 1967, 1,316 loans were made from 27 local depots run by the British Red Cross Society and St. John Ambulance Brigade in conjunction with the County Council.

(i) CERVICAL CYTOLOGY

The eight cervical cytology clinics continued, each twice a month throughout the year, and an additional one was begun at Warminster Health Clinic in May.

In the year, 2,285 women mainly from 25 years of age upwards attended at the nine centres. Analysis of the social classes showed a similar pattern to the previous year—wives of men in the armed forces accounted for 11.4% attendance in 1967 and 9.1% in 1966, and social class III again predominated with 58.5%.

	Social Class I & II	Social Class IV & V	Social Class III
1967 of 2,285 women ...	15.2%	12.8%	58.5%
1966 of 1,976 women ...	20.5%	14.2%	65.0%

Since the incidence of carcinoma *in situ* and carcinoma of cervix is known to be highest in social classes IV and V, especially in association with certain other factors and the proportion of attenders from these social groups is relatively small, further consideration is being given to a domiciliary cervical cytology service, additional reasons for which are the isolation of some villages and lack of public transport. Towards the end of the year the pathological laboratories were staffed and equipped to receive all the slides which require to be sent at the present time.

Age distribution of attenders at Cytology Centres
in Wiltshire

Age Group	1966	1967
Under 25 years	40	64
25—29	315	366
30—34	458	466
35—39	418	454
40—44	312	367
45—49	226	279
50—54	117	161
55—59	57	82
60—64	28	39
65+	5	9
	1,976	2,285
% below age 35 years	41.1%	39.2%

Of the 2,285 women who attended the clinics in 1967, five were found to have carcinoma *in situ*, and one to have carcinoma, stage I.

Other conditions found at the time of attendance and requiring treatment have been followed up and women referred to their doctors.

Examination of breasts is carried out at the same session as cervical cytology and in no case did this lead to detection of cancer.

**Domestic Help*

The following tables show the growth of the service and statistical information on the work done during 1967.

Such additional funds as become available annually for expansion of the service are fully taken up by the demand. Stricter standards than are really desirable had to be adopted in assessing the amount of help which could be permitted in each case, in order to make the widest use of the service with the funds available.

Persons in receipt of state retirement pensions without additional means, and those with supplementary pensions or allowances, are not expected to make contributions.

Year	Number of Enrolled Part-time Home Helps at end of year	Full-time Equivalent (approx.)	Number of Cases attended during year		
			Maternity	Other	Total
1962	1,001	114	73	1,119	1,192
1963	1,167	123	95	1,286	1,381
1964	1,102	140	93	1,394	1,487
1965	1,175	169	90	1,572	1,662
1966	1,335	178	74	2,229	2,303
1967	1,412	217	74	2,547	2,621

Comparative statistics for persons assisted in 1966 and 1967 are as follows :—

Year	Aged 65 years or over	Aged under 65 years				Total
		Chronic Sick and T.B.	Mentally Disordered	Maternity	Others	
1966	1,782	250	23	74	174	2,303
1967	2,057	233	27	74	230	2,621
Increase	+ 275	—17	+ 4	No change	+ 56	+ 318

NIGHT ATTENDANT SERVICE

There was a small demand for this service during the year; three patients received help under this scheme and three patients were assisted with evening service.

*The statistics in this section exclude the Borough of Swindon.

Mental Health Services

The following tables give a brief statistical outline of the volume and scope of the work undertaken by the mental health services during the past year. There is no significant change in the figures relating to work undertaken by mental welfare officers. The number of persons under supervision increased by 21, and the number of visits by some 2,500. These small increases are probably accounted for by the introduction of a sixth Mental Welfare Area Office at Devizes, with a subsequent re-allocation of the districts appertaining to the other areas, excluding that for the Borough of Swindon; the Devizes Area Mental Health Office opened in November. Apart from adjusting the areas to coincide more closely with the hospital clinical areas, it was hoped that by reducing travelling distances and times, a more intensive degree of social support could be given. It was not to be expected that figures relating to case loads or visits would appreciably increase as existing officers have always had to work to capacity. Annual figures showing case loads and visits therefore will not demonstrate the community need, but there is no doubt that many clients need much more intensive visiting than is possible with the present number of mental welfare officers and it is hoped that finance will permit of an increase in field officers at a more rapid rate than is now possible.

During the year our first two trainee mental welfare officers successfully obtained their certificates in social work and returned to work in Wiltshire. Three of our established officers were on courses leading to their certificate in social work. Two further trainee mental welfare officers have been appointed and are receiving in-service training prior to being sponsored on similar courses.

During 1967 our three hostels became almost full and at times admissions had to be deferred owing to serious staff shortages. These hostels play an important part in the work of the mental health services and it is unfortunate that financial restrictions are slowing down the rate of provision of further hostels. Work commenced on the hostel for the elderly mentally ill in Devizes and it is hoped that this building will be ready for occupation at the end of 1968. There is a need for experiment in hostels or group homes for mentally disordered people, with varying designs of building and degrees of supervision. The success of any hostel, however, depends upon the calibre of staff recruited. It is imperative that a proper career and salary structure for hostel staff shall be evolved soon with training schemes similar to those now available for mental welfare officers and for instructors and supervisors in adult and junior training centres. This would encourage young people with good potential to enter the hostel service knowing that they can progress through proper training to responsible and adequately paid posts.

The number of children attending junior training centres increased by 17, and adult training centre attendance by the same figure. The main increase in junior centre attendance occurred in the Swindon training centre due to the expanding population around the Borough of Swindon.

Apart from the Swindon adult training centre, where a considerable variety and amount of industrial work is now available to us, obtaining enough industrial work in the other three centres at Chippenham, Trowbridge and Salisbury still presents problems. Without work undertaken for the County Council it would be difficult to find a continuity of employment which would satisfy the demands of these centres. While work undertaken for the County Council is indispensable, there is no doubt that a variety of small industrial processes is extremely useful from the training point of view, as the range and degree of skills required in such processes helps to involve all grades of trainees in work situations. A new source of industrial work has recently been obtained at the Salisbury training centre which has augmented the horticultural work undertaken at this particular centre which is, partly seasonal.

The following are some of the items training centres produce for the County Council :—

- Roadmen's luminous jackets.
- Roadmen's coats.
- Roadmen's bib and brace overalls.
- Firemen's overalls.
- Firemen's coats.
- Folding display book-cases.
- Ordinary book-cases of various sizes.
- Desk easels.
- Various individual items of woodwork.
- Clinic caretakers' overalls.
- Home Help overalls.
- Blackboards and easels.
- Nesting boxes.
- Mopheads.
- Steps.
- Plant tubs and troughs.
- Curtains for Council establishments.
- Display boards.
- Vegetables and bedding plants.
- Renovation of school desks and chairs.
- Folding Motor Taxation forms.

Holidays were again organised by the Salisbury and Swindon Societies for Mentally Handicapped Children for trainees at both the junior and adult training centres in their respective areas. The Health Committee contributed to the cost and again arranged holidays for juniors and adults in the Chippenham and Trowbridge areas, including residents at Redlands House Hostel and Rutland House Hostel. The juniors went to an hotel in Bournemouth, but the adults from Trowbridge and Chippenham joined the adults from Swindon at a holiday camp in Newquay. The atmosphere of the holiday camp was much appreciated by the trainees as, in addition to facilities outside the camp, much pleasure was derived from the outlets provided within the camp, (i.e. games room, swimming pool, fancy dress balls etc. organised by the holiday camp staff).

During the year two further trainee assistant supervisors obtained their diplomas as teachers of the mentally handicapped and returned to work in Wiltshire training centres. One member of the established staff of an adult training centre commenced a training course for the Diploma for Teachers in Adult Training Centres. Two more trainee assistant supervisors were appointed and took up in-service training prior to being sponsored for diploma courses.

Although work on the fifth adult training centre in Marlborough was not started during the year, much work was put in at the planning stage and it is hoped that work will commence in 1968.

Several acute problems have arisen during the year in connection with the admission of severely subnormal children to hospital. The acute shortage of beds for children in hospitals for the mentally subnormal has led to some families having to cope with children so handicapped as to need hospital nursing. Where supportive help in the community cannot adequately meet the demands of the family it is difficult to assess the lasting effect on the family which this situation will bring about.

This short account of the work of the mental health services of the County Council during the year may not have emphasised sufficiently the need to view all the mental health services as a whole including the care of mentally disordered persons by hospitals and general practitioners.

All three parts of the National Health Service share the responsibility for the same patients and their families, and a high degree of co-operation has been achieved in Wiltshire.

MISCELLANEOUS STATISTICS FOR THE YEAR

	Mentally ill		Psycho-pathic		Subnormal		Severely subnormal		TOTAL	
	M	F	M	F	M	F	M	F	M	F
GUARDIANSHIP										
No. of Patients placed under guardianship of L.H.A.	—	—	—	—	—	1	1	—	1	1
No. of Patients discharged from guardianship by Responsible Medical Officer	—	—	—	—	—	—	1	—	1	—
PATIENTS ADMITTED TO HOSPITALS FOR THE MENTALLY SUBNORMAL										
To permanent beds	—	—	—	—	5	4	1	5	6	9
For temporary care under Circular 5/52 to :—										
(a) N.H.S. Hospitals	—	—	—	—	—	3	14	7	14	10
(b) Other Hospitals	—	—	—	—	—	—	—	—	—	—

WORK OF MENTAL WELFARE OFFICERS IN 1966 AND 1967

DURING OFFICE HOURS

OUTSIDE OFFICE HOURS

	Totals			Totals	
	1966	1967		1966	1967
1. Interviews at Mental Health Offices ...	1015	387	1. Attendance at Case Conferences, clinics and meetings (shown as cases discussed) ...	78	45
2. Attendances at Case Conferences, Clinics and Meetings (shown as cases discussed)	4839	6091	2. Visits to Police, Probation Office, M.o.L., M.o.S.S., etc. (shown as cases discussed)	42	24
3. Visits to Police, Probation Office, Ministry of Labour, M.o.S.S., etc. (shown as cases discussed)	784	956	3. Visits to relatives only	152	38
4. Attendances at Courts	63	5	4. Statutory Guardianship visits	1	—
5. Visits to Relatives only	935	1238	5. Home visits of friendly supervision, preventive and after-care visits	545	508
6. Statutory Guardianship visits	9	25	6. Other home visits	80	39
7. Home visits of friendly supervision, preventive and after-care visits	6045	6834	7. No access visits (not included elsewhere) ...	31	26
8. Other home visits	164	144	8. Visits to patients in hospital	26	15
9. "No-access" visits (not included elsewhere)	1155	1286	9. Visits to patients in hostels	6	9
10. Visits to patients in hospital	193	292	10. Admission to hospitals :—		
11. Visits to patients in hostels	61	72	Compulsorily Sec. 25	23	22
12. Admission to hospital :—			Sec. 26	8	7
Compulsorily Sec. 25	51	58	Sec. 29	44	39
Sec. 26	14	27	Sec. 136	3	—
Sec. 29	19	23	Part V	9	10
Sec. 60	24	22	Informal	78	98
Sec. 65	1	—	11. Admission to hostels	—	—
Informal	270	300			
13. Admission to hostels	8	15			
	15650	18275		1126	930

CASEBOOK SUMMARY (i.e. NUMBER OF PATIENTS BY CATEGORIES)

	Mentally ill		Psycho-pathic		Subnormal		Severely subnormal		TOTAL	
	M	F	M	F	M	F	M	F	M	F
No. of Patients under Guardianship of the County Council	—	—	—	—	1	1	1	—	2	1
No. of Patients under Guardianship of others ...	—	—	—	—	—	—	1	2	1	2
No. attending Junior Training Centres	—	—	—	—	12	7	66	40	78	47
No. awaiting training at Junior Training Centres ...	—	—	—	—	—	—	—	—	—	—
No. attending Adult Training Centres	2	—	—	—	32	44	62	56	96	100
No. awaiting training at Adult Training Centres ...	—	—	—	—	—	—	—	—	—	—
No. resident in County Council Hostels :—										
(a) Sarum House	—	—	—	—	10	—	16	—	26	—
(b) Rutland House	—	—	—	—	10	5	4	—	14	5
(c) Redlands House	—	—	—	—	—	16	—	7	—	23
No. resident at C.C. expense in private hostels and other establishments	2	2	—	—	—	1	1	—	3	3
No. boarded out at C.C. expense in private households	—	—	—	—	—	—	—	2	—	2
No. under informal supervision by :—										
(a) Mental Welfare Officers	178	297	4	2	175	125	189	153	546	577
(b) Voluntary Visitors	—	—	—	—	1	1	—	—	1	1
(c) Probation Officers	—	—	—	—	—	—	—	—	—	—
(d) Children's Officers	—	—	—	—	—	—	—	—	—	—
No. awaiting admission to hospital :—										
(a) Urgent need	—	—	—	—	—	3	7	5	7	8
(b) Not urgent need	—	—	—	—	—	3	—	1	—	4

RECORD OF CASES REFERRED FOR ACTION DURING YEAR AND SUMMARY OF ACTION TAKEN

No. of persons referred who at the time of referral were not on the case list of Wiltshire or any other L.H.A.—730.	Mentally ill			Psychopathic				Subnormal			Severely subnormal			Totals			
	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over	Under 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Of the above, no. previously known to the service—187.																	
REFERRED BY:—																	
General Medical Practitioner	—	—	121	210	—	—	—	—	—	—	—	—	—	—	121	210	
Hospital and Specialist Service:																	
(a) on discharge from in-patient treatment ...	—	—	9	22	—	—	—	—	—	—	—	—	—	—	11	23	
(b) after or during out-patient or day treatment	1	1	33	82	—	—	—	—	—	—	—	—	—	1	33	84	
Education Committee:																	
(a) Section 57(3)	—	—	—	—	—	—	—	—	—	—	—	—	—	12	—	—	
(b) School leavers	—	—	—	—	—	—	—	—	—	—	—	—	—	1	6	12	
Police and Courts	—	—	21	15	—	—	—	—	—	—	—	—	—	—	21	16	
Other Sources:																	
Relatives	—	—	20	28	—	—	—	—	—	—	—	—	—	—	23	29	
Ministry of Social Security	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	
Health Visitors	—	—	4	6	—	—	—	—	—	—	—	—	—	—	5	6	
Others	2	—	36	39	—	—	—	—	—	—	—	—	—	2	40	40	
Transferred from community care of other local health authorities	—	—	—	1	—	—	—	—	—	—	—	—	—	5	3	7	
														22	265	427	
HOW DEALT WITH:—																	
Advice only to:																	
(a) Patient	2	—	74	135	—	—	—	—	—	—	—	—	—	2	75	137	
(b) Relatives	—	—	9	6	—	—	—	—	—	—	—	—	—	—	9	6	
(c) Referring agency	—	—	2	5	—	—	—	—	—	—	—	—	—	—	2	5	
Added to case load and:																	
(a) Admitted to hospital																	
(i) Informally	1	1	112	174	—	—	—	—	—	—	—	—	—	1	112	174	
(ii) Compulsorily	—	—	36	56	—	—	—	—	—	—	—	—	—	—	36	56	
(b) Placed under Guardianship of																	
(i) Local Health Authority	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(ii) Person other than L.H.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Place under friendly supervision (prevention, after-care, etc.)	—	—	12	26	—	—	—	—	—	—	—	—	—	19	30	48	
Removed or died before dealt with	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	
Not dealt with by the date of this statement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
														22	265	427	

HOW DEALT WITH:—

Advice only to :

- | | | | |
|-----|------------------|-----|---|
| (a) | Patient | ... | . |
| (b) | Relatives | | . |
| (c) | Referring agency | | |

Added to case load and:

- | | Admitted to hospital | | | |
|-----|----------------------------------|-----|-----|--------------|
| (a) | (i) Informally | ... | ... | ... |
| | (ii) Compulsorily | ... | ... | ... |
| (b) | Placed under Guardianship of | | | |
| | (i) Local Health Authority | ... | ... | ... |
| | (ii) Person other than L.H.A. | ... | ... | ... |
| (c) | Place under friendly supervision | | | (prevention, |
| | after-care, etc.) | ... | ... | ... |

Removed or died before dealt with

Not dealt with by the date of this statement

Tuberculosis

NOTIFICATIONS

Primary notifications of tuberculosis and corresponding incidence rates during the last five years, together with those for two previous years at five-yearly intervals and also those in 1944—the peak year—are shown in the following table :—

Year	Number of Primary Notifications			Incidence per 1,000 of Population		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all Forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all Forms)
1944	423	122	545	1.23	0.35	1.58
1953	329	49	378	0.84	0.12	0.96
1958	162	41	203	0.4	0.10	0.50
1963	108	24	132	0.24	0.05	0.29
1964	109	41	150	0.24	0.09	0.33
1965	108	15	123	0.23	0.03	0.26
1966	89	22	111	0.19	0.04	0.23
1967	73	15	88	0.15	0.03	0.18

Primary notifications of all forms of tuberculosis fell in 1967 to 88, the lowest on record. Since 1953 when the impact of modern drugs began to take effect, respiratory notifications have fallen 77%.

Nine notified cases of tuberculosis moved into Wiltshire from other counties which, together with the 88 primary notifications, made a total of 97 additions to the tuberculosis notification register during the year.

The graph on page 42 shows a decline over the years in each age group shown.

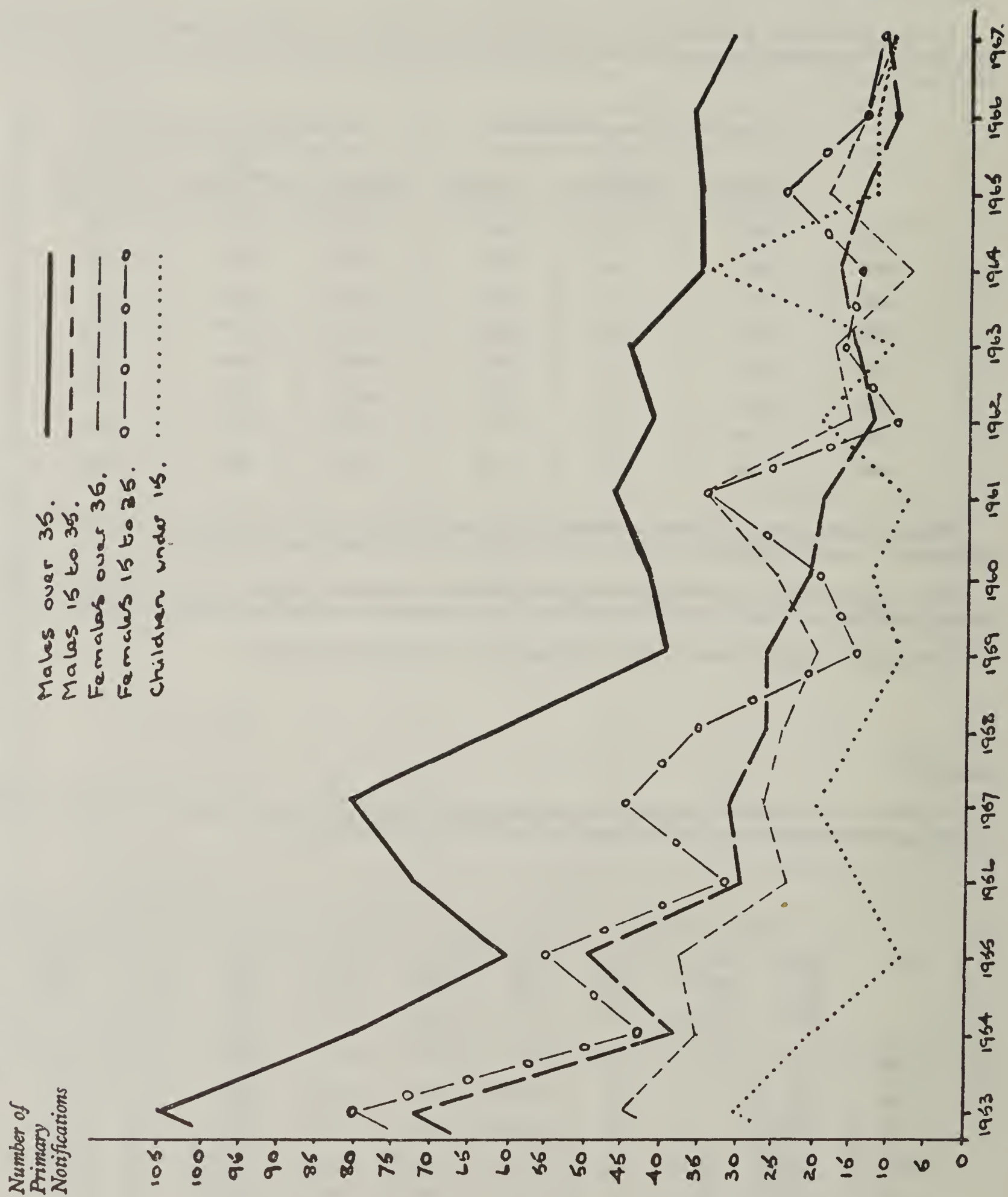
DEATHS

Deaths due to tuberculosis and the corresponding death rates during the last five years, together with those for two previous years at five-yearly intervals are shown in the following table :—

Year	Wiltshire						England and Wales		
	Number of Deaths			Death rate per 1,000 population			Death rate per 1,000 population		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)
1953	41	10	51	0.11	0.02	0.13	0.18	0.02	0.20
1958	24	1	25	0.060	0.002	0.062	0.09	0.01	0.10
1963	16	4	20	0.036	0.008	0.044	0.056	0.007	0.06
1964	14	2	16	0.031	0.004	0.035	0.047	0.006	0.053
1965	13	1	14	0.028	0.002	0.03	0.042	0.006	0.048
1966	26	1	27	0.057	0.002	0.058	0.043	0.005	0.048
1967	14	2	16	0.029	0.004	0.033	0.037	0.005	0.042

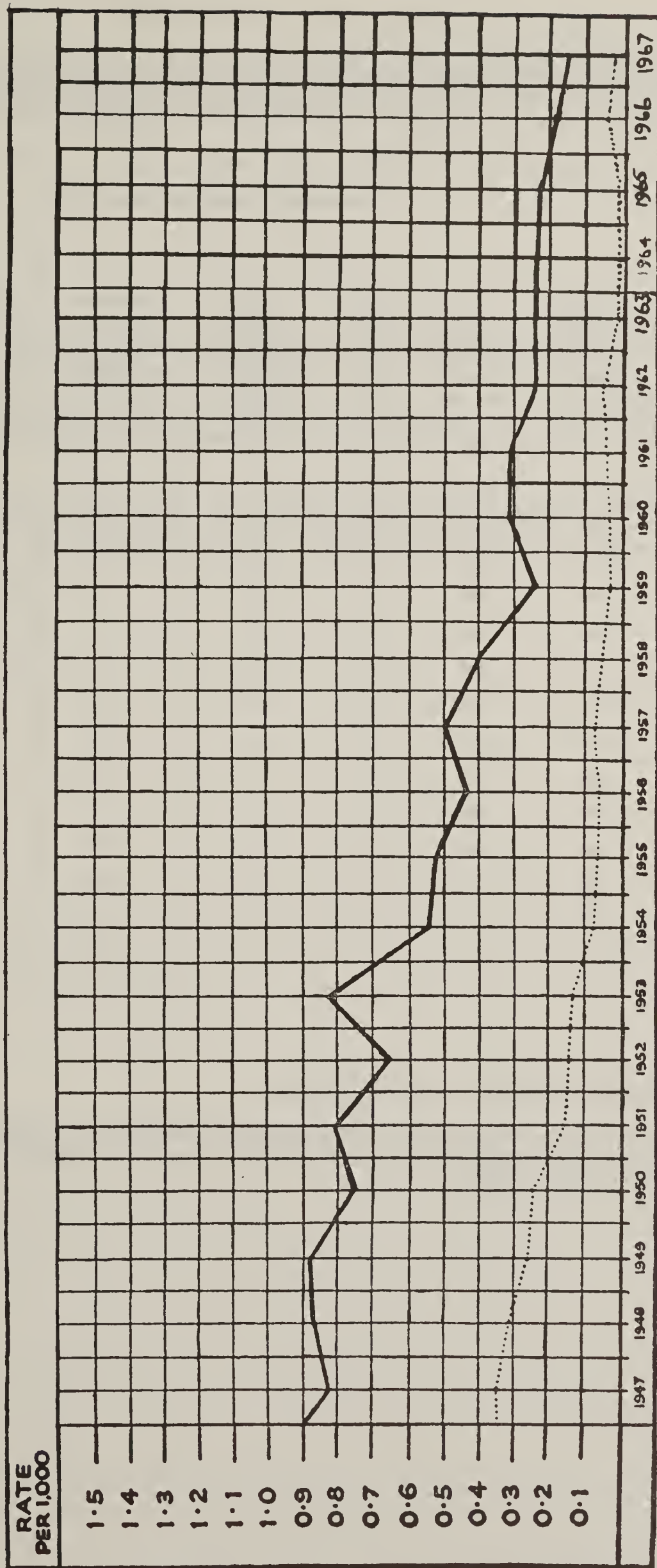
Deaths from respiratory tuberculosis fell from 94 in 1950 to 14 in 1967, a drop of 85%. In the same period, deaths from cancer of the lung rose from 69 to 247, a rise of approximately 257%.

PRIMARY NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS SINCE 1953 IN SELECTED AGE GROUPS



RESPIRATORY TUBERCULOSIS NOTIFICATION AND DEATH RATES, 1947—1967 WILTSHIRE

—— Notification rate per 1,000 population
 Death rate per 1,000 population



HEALTH VISITING AND EXAMINATION OF CONTACTS

During the year, 558 visits were made by health visitors to tuberculous households, mainly for the purpose of ensuring that all contacts attend the chest clinic for examination. A total of 707 contacts were examined representing an average of eight contacts per notified case, the highest on record.

TUBERCULOSIS IN CONTACTS

Year	Primary Notifications (Respiratory and Non-Respiratory Tuberculosis)	Contacts examined for first time in the year	New Contacts examined per notified case	New Contacts diagnosed as suffering from tuberculosis (included in column 2)	Percentage of new contacts examined found to be tuberculous	Contacts found to be tuberculous although under supervision in previous years	Total of new and old contacts found to be tuberculous	New and old contacts found to be tuberculous shown as percentage of Primary Notifications
1953	378	776	2.0	34	4.4	22	56	15%
1954	307	726	2.4	19	2.6	17	36	12%
1955	250	815	3.2	16	2.0	15	31	12%
1956	208	907	4.4	26	2.9	23	49	23%
1957	242	884	3.6	12	1.4	16	28	12%
1958	203	856	4.2	11	1.3	14	25	12%
1959	148	901	6.1	19	2.1	9	28	19%
1960	165	740	4.5	15	2.0	8	23	14%
1961	168	1,055	6.2	20	2.0	7	27	16%
1962	139	756	5.4	11	1.5	8	19	14%
1963	132	809	6.1	11	1.4	6	17	13%
1964	150	929	6.2	26	6.2	2	28	19%
1965	123	887	7.2	8	0.9	15	23	18%
1966	111	755	6.8	17	2.2	9	26	23%
1967	88	707	8.0	8	1.1	7	15	17%

DIVERSIONAL THERAPY AND FREE MILK

Visits were made to the homes of 12 tuberculous patients by the British Red Cross Society workers, and diversional therapy, mainly in the form of handicraft work was provided in suitable cases. Eleven patients received free supplies of milk.

PROTECTION OF CHILDREN FROM TUBERCULOSIS

Entrants to the staff of the County Council, whose work will bring them in close contact with groups of children, are required to submit a satisfactory report on a recent chest X-ray before the appointment is confirmed. This has been made a requirement in the case of health visitors, district nurses, midwives, staff of children's homes, entrants to the teaching profession and for a few other posts.

A total of 268 were X-rayed before appointment during 1967 but none were found unsatisfactory. Three-yearly follow-up X-rays are offered.

TUBERCULOSIS IN CHILDREN

Respiratory tuberculosis was notified in 10 children between 1 and 15 years, five being of school age. Non-respiratory tuberculosis was notified in 2 children, both of school age.

The source of infection in all ten respiratory cases was contact with a known case of tuberculosis usually in the immediate family circle. One of the non-respiratory cases was also a contact of a known case of tuberculosis.

There was a slight rise from 17.4% in 1966 to 19.5% in 1967 in the percentage of positive reactors to the routine tuberculin skin testing of 13-year-old children. Since 1957, when it was 28.9%, the rate has fluctuated but a steady overall decline is clear. Those with strong positive reactions were referred to the chest clinics but no case of tuberculosis was discovered.

B.C.G. IMMUNISATION

The following table shows the number of contacts tuberculin tested and immunised. The immunisation of school children is reported upon separately on page 27.

			County		
			(excl. Swindon)	Swindon	Total
Number skin Tested	...	...	182	132	314
Number found positive	...	...	53	20	73
Number found negative	...	...	117	104	221
Number immunised	...	...	324	174	498

Babies immunised soon after birth are not given a skin test which accounts for the number immunised being greater than the number found to have a negative reaction to the skin test. The number of contacts immunised since the scheme started in 1950 is 7,315.

MASS RADIOGRAPHY

Emphasis in the use of mass radiography has shifted from frequent mass radiography surveys of the general public to regular weekly or fortnightly visits of mobile 35mm. units to selected centres in the County for the purpose of X-raying persons specially referred by doctors, owing to the higher yield of significant cases from the latter group.

Places in Wiltshire visited by these units are : Amesbury, Salisbury, Wootton Bassett, Highworth, Ludgershall, Calne, Chippenham, Devizes, Melksham, Trowbridge, Warminster and Westbury.

	X-Rayed	Referred to Chest Clinic	Number of cases of active Respiratory Tuberculosis discovered	Rate per 1,000 X-Rayed	Number of cases of inactive Respiratory Tuberculosis discovered	Rate per 1,000 X-Rayed	Carcinoma of lung	Rate per 1,000 X-Rayed
Weekly/Fortnightly Sessions at 11 selected Centres for G.P. referrals (100 mm. Units)	7,033	71	9	1.3	8	1.1	12	1.7
Ordinary Visits of Mass Radiography 35 mm. Units)	25,474	42	2	0.08	16	0.6	5	0.2

CASES OF TUBERCULOSIS REMAINING ON CLINIC REGISTERS

The number of new and old notified respiratory and non-respiratory tuberculosis patients remaining under active treatment and supervision at the end of selected years is shown in the following table :—

Year	Respiratory	Non-Respiratory	Total
1945	974	181	1,155
1950	1,416	434	1,850
1955	1,755	283	2,038
1960	1,800	299	2,099
1965	1,476	211	1,687
1966	1,255	199	1,454
1967	1,020	166	1,186

Additions to the number of tuberculous cases on the clinic registers by new cases are compensated by removals, due to recovery, transfers out of the County and deaths. A further review of the registers was undertaken during 1967 and many arrested cases, who had been continuing under yearly clinic supervision in case of relapse, were finally removed from the register. The number of notified cases remaining on the clinic registers fell from 1,454 at the end of 1966 to 1,186 at the end of 1967.

In addition to the 1,186 patients under active treatment and supervision at the end of 1967, 1,270 who are not notified but have minimal forms of tuberculosis or have reached the arrested stage and require observation only, remain on the clinic registers at the end of the year. The total number of persons with tuberculosis, notified and not notified, remaining on the clinic registers at the end of the year was 2,456 compared with 2,542 at the end of 1966.

INFECTIOUS CASES OF TUBERCULOSIS AND DRUG RESISTANCE

During the year, 39 patients had a positive sputum compared with 53 in the previous year.

At the end of 1967 eight Wiltshire patients were known to be drug resistant, the same number as at the end of the previous year.

GENERAL COMMENT

The incidence of tuberculosis in Wiltshire, both respiratory and non-respiratory, fell in 1967 to new low levels and in the last ten years has declined more than 50%.

Under the National Health Service Act 1946, responsibility for treatment of tuberculosis passed to the Regional Hospital Boards, but since 1948, under an agreed agency arrangement, responsibility for both treatment and prevention in Wiltshire has been co-ordinated under the direction of the consultant chest physician from the Health Department, County Hall.

1967 saw the beginning of changes in these administrative arrangements with the retirement of Dr. J. S. Harper on the 31st March, after 32 years' service with the County Council, first as a whole-time County Tuberculosis Officer from 1935 to 1948, and then in a joint appointment as Consultant Chest Physician with the three Regional Hospital Boards and the County Council from 1948 until his retirement.

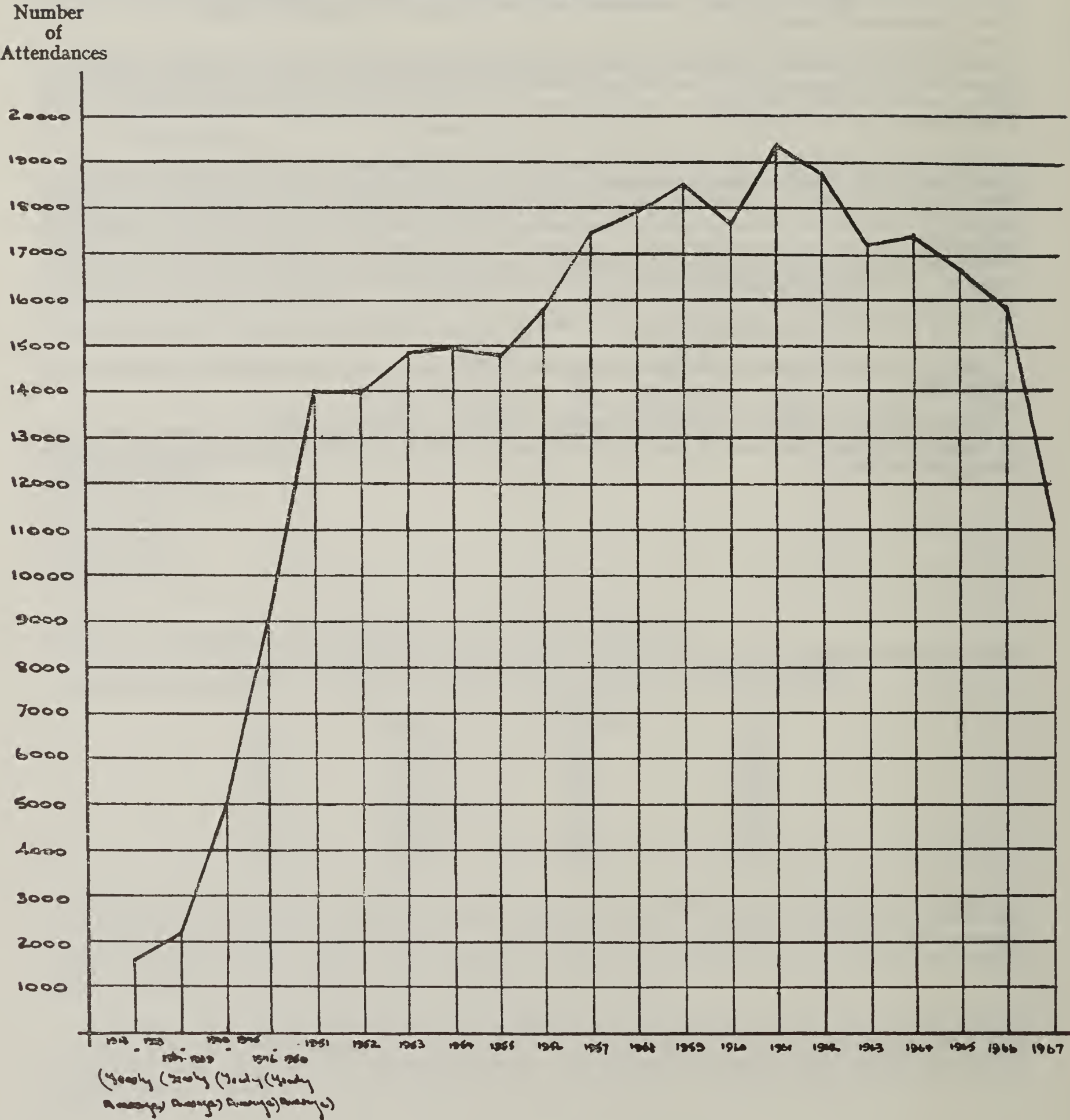
In view of the change in opinion towards integrating the diagnosis and treatment of chest diseases with general medicine, the Regional Hospital Boards were not prepared to continue the agency arrangement in the same form by replacing Dr. Harper with a consultant chest physician based at County Hall with overall responsibility for the County. It was agreed, however, that the three Boards would each employ a Consultant physician with special responsibility for chest diseases, whose service and payment of salary would be apportioned 1/11th to the County Council and 10/11ths to the Regional Hospital Board in order to maintain co-ordination between the local health authority and hospital chest services.

Dr. P. M. S. Gillam was appointed to cover the Wessex area of Wiltshire and commenced duty in May 1967.

The consultant physician for the Oxford Board area of the County did not commence duty until after the end of 1967.

A consultant physician to cover the South-Western Board area will be appointed to commence duty after Dr. Molden's retirement at the end of 1968, and the continuation of liaison was left for further discussion with the Boards early in 1968.

WILTSHIRE CHEST CLINICS ANNUAL ATTENDANCES



MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Since January 1965, notices have been received from port health authorities in respect of 512 long-stay immigrants whose destination addresses were in Wiltshire. Arrangements were made for these persons to be contacted by the health visitor for the purpose of explaining facilities available under the National Health Service and of persuading them to register with a medical practitioner, with whom responsibility for arranging a chest X-ray rests.

	1965	1966	1967
Notices received	227	149	136
Successfully contacted	190	140	116
Removed to known addresses in other areas and notices forwarded to appropriate medical officer	18	6	14
Untraceable	19	3	6
	227	149	136

None of the immigrants referred, who were successfully contacted after arrival in Wiltshire, have subsequently been notified as suffering from respiratory tuberculosis.

**Miscellaneous Services*

CHRONIC SICK BEDS

During the year the Salisbury Group Hospital Management Committee referred 79 cases for investigation. In 45, priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

REGISTRATION OF NURSING HOMES

No new nursing home was registered during the year, but one home closed. At the end of the year there were on the register five homes, providing 4 maternity and 61 other beds.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Fifty-two nurseries were registered under the Act at the end of the year, providing for a total of 1,196 children. Sixty-one daily minders were on the register at the end of the year, taking a maximum of 649 children in all.

The pre-school playgroup, providing the social contact and intercourse desirable for the child's development in the pre-school years is becoming much more popular and accounts, in part at least, for the increase in the number of applications for registration under this Act, shown in the following table :—

	<i>Nurseries</i>		<i>Child Minders</i>	
	<i>No. registered at end of year</i>	<i>No. of Children provided for</i>	<i>No. registered at end of year</i>	<i>No. of Children provided for</i>
1962	2	38	22	178
1963	7	126	27	232
1964	13	236	33	277
1965	17	325	48	446
1966	29	566	56	534
1967	52	1,196	61	649

REGISTRATION OF NURSING AGENCIES

The one nursing agency registered removed from Wiltshire in the course of the year.

REGISTRATION OF BLIND AND PARTIALLY SIGHTED PERSONS

The register of blind and partially sighted persons is maintained by the Welfare Department, but where necessary, arrangements for examinations by ophthalmologists continue to be made by the Health Department, to which reports in all cases are submitted. During the year reports were obtained on 133 persons. 108 were newly certified as blind and 25 as partially sighted.

EXAMINATION OF MEDICAL REPORTS

The following table shows the number of medical examination reports scrutinised during 1967 (1966 figures are shown in brackets).

Number of medical examinations for entrants to the County Service	...	...	...	689	(628)
Number of medical examinations for entrants to the Fire Service	...	...	...	39	(52)
Number of medical examinations for entrants to permanent posts in the School Meals Service	...	...	...	268	(191)
Number of medical examinations for entrants to temporary posts in the School Meals Service	...	...	...	38	(26)
Number of medical examinations for fitness to return to duty in the School Meals Service	...	...	...	47	(46)
Number of cases dealt with in connection with prolonged illness and breakdown pensions	...	...	...	33	(35)
Number of cases dealt with regarding fitness to drive	...	...	...	67	(49)
Number of examinations carried out for other Authorities	...	...	...	52	(59)
Number of examinations carried out for the West Wilts Water Board	...	...	...	8	(11)
				1,241	(1,097)

Where necessary any points of doubt have been followed up with the doctor concerned and specialist examinations arranged.

ADOPTION ACT, 1958

Medical opinion was given on confidential medical reports on prospective adopters in 65 cases as well as advice on babies considered for adoption and individual cases.

*Statistics in this section exclude the Borough of Swindon.

Sanitary Circumstances of the County

WATER SUPPLY

I am indebted to the Director General of the Meteorological office for the rainfall figures for 1967 from seven selected rainfall stations in Wiltshire which are given in the following tables :—

METEOROLOGICAL OFFICE

Values of monthly rainfall in inches for 1967 at specified places

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year
Swindon, Town Gardens N.G.R. 41-150834 249685 476'	1.84	3.56	1.71	1.00	4.37	1.98	1.19	1.50	2.63	5.14	1.33	2.03	28.28
Malmesbury, Shipton Moyne N.G.R. 31-899887 410324 312'	1.97	4.27	2.28	1.17	6.15	.78	2.21	1.56	5.02	6.16	1.88	3.23	36.68
Aldbourn N.G.R. 41-260756 266949 460'	2.45	3.96	2.29	1.55	4.32	1.58	1.39	2.09	3.79	7.04	1.82	2.55	34.83
Trowbridge N.G.R. 31-858577 413747 131'	2.04	3.61	2.19	.58	5.29	1.31	.97	1.32	4.72	5.85	1.30	2.43	31.61
Salisbury, Atherton House N.G.R. 41-150307 339942 250'	3.28	3.70	2.47	1.02	4.88	1.53	1.05	2.63	4.63	5.72	1.71	2.40	35.02
Upavon N.G.R. 41-161548 5874 578'	2.50	3.11	2.41	1.22	4.50	1.53	1.44	2.00	3.74	5.34	1.67	2.69	32.15
Stourhead N.G.R. 31-778341 341742 600'	3.25	3.27	2.78	2.00	6.21	.72	1.66	3.02	4.84	7.11	1.90	3.11	39.87

Average rainfall for England and Wales for 1967—38.7 inches.

The station at Stourhead, which is about 3 miles north-west of Mere, has been included instead of the station at Mere, which had an incomplete record for 1967.

The water supplies of the County were fully maintained during the year with no restrictions on consumers as the adequate rainfall was sufficient to maintain the underground level. During the year nine small water schemes were approved by the County Council under the Water Supplies and Sewerage Act and were mostly schemes to extend and improve inadequate existing supplies. The County Council also approved a further portion of the West Wilts Water Board's Northern Comprehensive Scheme.

SEWERAGE

Eleven proposed sewerage schemes were submitted by Rural District Councils to the County Council for observations and grant during 1967. Nine schemes were under construction and seven others were completed during the year.

Rural sewerage schemes approved, in progress or completed in 1967 are given in the following table :—

Rural District	Sewerage Scheme	Estimated Cost		
		Approved during 1967	In Progress during 1967	Completed during 1967
Amesbury	Bourne Valley	£	£ 320,900	£
Bradford and Melksham	Staverton	31,200	31,200	
	Melksham Without		41,500	
Calne and Chippenham	North-East Area Scheme			207,750
	Grittleton			32,700
	Hardenhuish	15,100		
Cricklade and Wootton Bassett	Ashton Keynes	162,600		
	Purton Stoke	22,800		
	Wootton Bassett		376,000	
Devizes	Chirton, Patney and Marden			93,500
Highworth	Ingesham (Revised)	28,000		
	Badbury and Liddington		36,780	
	Blunsdon	66,000		
Malmesbury	Startley and Dauntsey			37,680
	North Eastern	406,550		
Marlborough and Ramsbury	Broad Hinton			80,500
Mere and Tisbury	Mere, Boar Street Extension		2,550	
	Maiden Bradley		21,772	
Pewsey	Avon Valley Stage II Enford			114,350
	Wootton Rivers			21,960
Salisbury and Wilton	Downton Extn.	112,300		
	Landford	236,700		
	Dinton	93,670		
	Redlynch		104,092	
Warminster and Westbury	North Bradley		99,500	
	Whorwellsdown	456,000		

RURAL HOUSING

Although there were no significant changes in housing legislation during 1967 local authorities were informed that the Ministry of Housing and Local Government was engaged on a general review of the problems of legislation affecting older houses and that their conclusions would be announced in due course.

Improvement grants and other housing statistics for 1967 are shown in Appendix A.

LAY-BY SANITATION ON WILTSHIRE MAIN ROADS

From just before the Spring Bank Holiday until the end of September a mobile public convenience was stationed adjoining the T.R. 303 at Willoughy Hedge. It was provided by the County Council and managed by the Mere and Tisbury Rural District Council, the cost of which was shared by the County Council and the Rural District Council. From observations and letters received it was obvious that the facilities were greatly appreciated by the travelling public, and the improvement in the sanitary condition of the adjoining lay-bys was gratifying.

THE SUPERVISION OF MILK AND FOOD

Number of Dairy Farms in Wiltshire at end of 1967	...	2,049
Number of designated producer retailers ... ..	...	51
Number of non-designated producers ... ..	...	1,998
Number of milk distributors ... ..	...	347
Number of Wiltshire pasteurising dairies ... ..	...	8

Departmental work in connection with the milk supply was continued throughout the year with the aim of ensuring that all milk sold within the County reached the consumer in a clean and safe condition.

Liaison between the County Council and district councils was maintained in connection with the milk scheme delegated to district councils in 1961 whereby systematic sampling covers all milk distributors retailing milk within the County.

The inspection and sampling of pasteurising plants is the direct responsibility of the County Health Department, and visits to each plant are paid at least every two weeks by the County Public Health Inspector to check the efficiency of the heat treatment and dairy hygiene. During the year, 367 plant samples were taken of which 366 or 99.7 per cent. passed the statutory test for pasteurised milk.

The inspection and sampling of retail dairies is the responsibility of district councils under the delegated milk scheme, and the number of samples taken by them during 1967 and the laboratory results of these are given in the following table. The figures for 1966 are given in brackets.

Type of Milk Sample	Estimated Annual Sampling Target		Number of Samples Examined	Laboratory Results				Percentage of Sample Failures		
				Pass		Fail				
Raw Milk Statutory Test ...	696	(780)	584	(825)	534	(738)	50	(87)	8.56	(10.54)
Raw Milk Biological Test ...	696	(318)	749*	(1,007)	720	(965)	29	(42)	3.87	(4.17)
Heat Treated Statutory Test ...	1,713	(1,864)	2,333	(2,217)	2,300	(2,157)	33	(60)	1.41	(2.70)
TOTAL	3,105	(2,962)	3,666	(4,049)	3,554	(3,860)	112	(189)	3.05	(4.66)

*This figure includes tests for Tuberculosis, Brucellosis and any necessary follow-up samples.

I am indebted to the Chief Inspector of Weights and Measures for the following information concerning food and drugs administration during 1967 :—

FOOD AND DRUGS

The County Council is the Food and Drugs Authority in all areas of the County outside the Borough of Swindon, and the undermentioned legislation is enforced by the County Council Weights and Measures Department with the object of ensuring that purchasers are supplied with pure and genuine foods and drugs :

- Food and Drugs Act, 1955.
- Pharmacy and Medicines Act, 1941.
- Sale of Milk Regulations, 1939.
- Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956.
- Labelling of Food Order, 1953 and Labelling of Food Regulations, 1967.
- Labelling of Food (Amendment) Regulations, 1958-61.
- The Food Standards (General Provisions) Order, 1944.
- The Food Standards Orders and Regulations, 1944-62.
- The Bread and Flour Regulations, 1963.
- The Dried Milk Regulations, 1965.
- The Condensed Milk Regulations, 1959.
- The Skimmed Milk with Non-Milk Fat Regulations, 1960-66.
- The Preservatives in Food Regulations, 1962.
- The Milk and Dairies (Preservatives) Regulations, 1962.
- The Colouring Matter in Food Regulations, 1966.
- The Antioxidant in Food Regulations, 1966.
- The Arsenic in Food Regulations, 1959-60.
- The Fluorine in Food Regulations, 1959.
- The Lead in Food Regulations, 1961.
- The Mineral Hydrocarbons in Food Regulations, 1966.
- The Emulsifiers and Stabilisers in Food Regulations, 1962.
- The Milk and Dairies (Emulsifiers and Stabilisers) Regulations, 1962.
- The Cheese Regulations, 1965-66.
- The Salad Cream Regulations, 1966.
- The Soft Drinks Regulations, 1964.
- The Artificial Sweeteners in Food Regulations, 1967.

A total of 1,211 samples were purchased or taken in areas covering the whole County, steps being taken to obviate the duplication of samples to cover the greatest varieties of foods and to ensure compliance with the labelling and other requirements of the above-mentioned Orders and Regulations.

PROSECUTIONS

Trade	Offence	Contrary to	Fine	Costs	Venue
Farmer ...	Selling Milk to which an addition of water had been made	Food and Drugs Act 1955 Sec. 32	£ 2 0 0	£ 5 15 6	Wootton Bassett
Market Trader	Selling "Golden Butter Mints" not of the quality demanded	—do— Sec. 2	3 0 0	4 1 0	Chippenham
Grocers ...	Selling processed cheese not of the quality demanded	—do— Sec. 2	10 0 0	— — —	Chippenham
Food Manufacturers	Selling concentrated orange squash labelled in a manner calculated to mislead as to quality	—do— Sec. 6 & 113(3)	30 0 0	4 14 0	Chippenham
Bakers ...	Selling a loaf of bread containing cotton fibres, oil and traces of iron	—do— Sec. 2	10 0 0	4 14 0	Westbury
Food Manufacturers	Selling prepacked curry rice labelled in a manner calculated to mislead as to substance	—do— Sec. 6	20 0 0	} 4 1 0	Mere
	Selling prepacked curry rice not labelled with a true statement of ingredients	Labelling of Food Order 1953 Art. 3 & 4(3) (b)	20 0 0		
Importers ...	Selling plum jam deficient in soluble solids	Food Standards (Preserves) Order 1953 & Art. 1(1) & 4(3) of The Food Standards (General Provisions) Order 1944	30 0 0	4 1 1	Chippenham
Greengrocer ...	Selling imported tomatoes under the description "English"	Merchandise Marks Act 1887 Sec. 2(2)	5 0 0	— — —	Chippenham
Grocers ...	Selling imported tomatoes under the description "Home Grown"	—do—	5 0 0	— — —	Salisbury
	Exposing imported tomatoes for sale under the description "Home Grown"	—do—	5 0 0	— — —	

OTHER ACTION

Nature of alleged offence	Written Caution	Attention drawn to irregularities including verbal cautions	Referred to other Authority
Food, including milk—substandard	9	3	—
Food—incorrectly labelled or advertised	3	11	1
Food—containing foreign body	1	—	—
Food—containing excess additive	—	1	—
Food—containing unlawful additive	2	—	—
Drug—incorrectly labelled or advertised	—	1	—

REFUSE DISPOSAL

At the request of the Health Committee a survey was carried out and I presented a report to the Ambulance and Public Health Services Sub-Committee on the co-ordination of arrangements for disposal of refuse in Wiltshire. It appeared that some district councils had already taken steps to consider group arrangements for the disposal of refuse and that any action by the County Council at the present time was unnecessary. It was also agreed that such support and assistance as the Sub-Committee was able to give be offered to the Consortia set-up by the various district councils.

Swindon Borough

The following are the statistics relating to functions of the health services delegated to the Swindon Borough Council under Section 46 of the Local Government Act, 1958.

BIRTHS

	Adjusted live births	Adjusted still births	Total adjusted births
Domiciliary	369	1	370
Institutional	1,241	35	1,276
TOTAL	1,610	36	1,646

PREMATURE BIRTHS

Weight at birth	Premature live births												Premature still births	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home	
2 lb 3 oz or less ...	5	5	—	—	—	—	—	—	—	—	—	—	5	—
Over 2 lb 3 oz up to and including 3 lb 4 oz	10	3	1	—	—	—	—	—	—	—	—	—	4	—
Over 3 lb 4 oz up to and including 4 lb 6 oz	25	4	1	1	—	—	—	—	1	—	—	—	4	—
Over 4 lb 6 oz up to and including 4lb 15oz	22	—	—	—	1	—	—	—	—	—	—	—	1	—
Over 4 lb 15 oz up to and including 5 lb 8 oz	58	—	1	—	5	—	—	—	—	—	—	—	2	—
TOTAL ...	120	12	3	1	6	—	—	—	1	—	—	—	16	—

CLINIC SERVICES

ANTE-NATAL AND POST NATAL CLINICS—None

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year	Institutional booked	2
	Domiciliary booked	41
	Total	43
Total number of attendances during the year		178

CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by				Total number of sessions	Number of children referred elsewhere	Number of children on " at risk " register end of year
Born in 1967	Born in 1966	Born in 1962 to 1965	Total	Medical Officers	Health Visitors	G.P's employed on a sessional basis	Hospital medical staff			
1,252	1,384	1,095	3,731	385	169	—	—	554	69	2,750

HEALTH VISITING

Cases visited by health visitors													Number of cases
Children born in 1967	...	...	...	...	...	...	...	...	...	...	...	...	1,540
Children born in 1966	...	...	...	...	...	...	...	...	...	...	...	...	1,425
Children born in 1962-65	...	...	...	...	...	...	...	...	...	...	...	...	3,165
Total	...	...	...	...	...	...	...	...	...	...	...	...	6,130
Persons aged 65 or over	...	...	...	...	...	...	...	...	...	...	...	...	298
Number included in line 5 who were visited at the special request of a G.P. or hospital										...	...		4
Mentally disordered persons										...	...	...	1
Number included in line 7 who were visited at the special request of a G.P. or hospital										...	...		1
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)										...			37
Number included in line 9 who were visited at the special request of a G.P. or hospital										...	...		37
Number of tuberculous households visited										...	...	...	86
Number of households visited on account of other infectious diseases										...	...	...	2
Number of tuberculous households visited by tuberculosis visitors										...	...	...	—

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1967

Number of domiciliary confinements attended by midwives under N.H.S. arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked		Doctor booked		Total	
Dr. present	Dr. not present	Dr. present	Dr. not present		
1	9	101	260	371	362

This table relates to women delivered, and not, in the case of multiple births, to infants.

HOME NURSING

Total number of persons nursed during the year	...	...	...	...	...	...	...	960
Number of persons who were aged under 5 at first visit during the year	...	...	...	...	...			24
Number of persons who were aged 65 or over at first visit during the year	...	...	...	...				452

HOME HELP SERVICE

	Home help to households for persons					
	aged 65 or over on first visit during the year	aged under 65 on first visit during the year				Total
		Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
Number of cases	644	34	5	32	34	749

DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948		National Health Service Act, 1946 Section 22	
	Premises registered at end of year		Daily minders registered at end of year	Daily minders receiving fees from the Authority at end of year
	Factory	Other Nurseries		
Number	—	9	6	—
Number of places and number of children minded at end of year	—	291	110	—

REGISTRATION OF NURSING HOMES UNDER SECTIONS 187 TO 194 OF PUBLIC HEALTH ACT, 1936
AS AMENDED BY THE NURSING HOMES ACT, 1963

	Number of Homes	Number of beds provided		
		Maternity	Other	Total
Homes registered during year	—	—	—	—
Homes whose registrations were withdrawn during year	—	—	—	—
Homes on the register at end of year	1	—	33	33

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH, TETANUS AND POLIOMYELITIS
Completed Primary Courses—Number of persons under 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1960— 1963	1964	1965	1966	1967		
Quadruple DTPP	—	—	—	—	—	—	—
Triple DTP	22	9	55	765	606	2	1459
Diphtheria/Pertussis	—	—	—	—	—	—	—
Diphtheria/Tetanus	79	13	4	19	10	15	140
Diphtheria	—	—	1	—	2	—	3
Pertussis	—	—	—	—	—	—	—
Tetanus	17	2	1	1	4	106	131
Salk	—	—	—	1	—	—	1
Sabin	123	24	72	784	578	28	1609

Reinforcing Doses—Number of persons under 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1960— 1963	1964	1965	1966	1967		
Quadruple DTPP	—	—	—	—	—	—	—
Triple DTP	158	42	647	358	—	5	1210
Diphtheria/Pertussis	—	—	—	—	—	—	—
Diphtheria/Tetanus	1134	26	47	20	—	25	1252
Diphtheria	15	—	—	—	—	1	16
Pertussis	—	—	—	—	—	—	—
Tetanus	25	1	6	3	1	90	126
Salk	—	—	—	—	—	—	—
Sabin	1358	18	519	354	—	40	2289

SMALLPOX VACCINATION. Persons aged under 16

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated during period)		Number of cases specially reported during period		
	Number vaccinated	Number re-vaccinated	(a) Generalised Vaccinia	(b) Post-Vaccinal Encephalo- myelitis	(c) Death from complications of vaccination other than (a) and (b)
0—3 months	—	—	—	—	—
3—6 months	7	—	—	—	—
6—9 months	7	—	—	—	—
9—12 months	17	—	—	—	—
1 year	766	—	—	—	—
2—4 years	221	14	—	—	—
5—15 years	80	34	—	—	—
TOTAL	1098	48	—	—	—

RURAL HOUSING STATISTICS FOR THE YEAR ENDING 31st DECEMBER, 1967

*Includes 130 R.A.F. Married Quarters at Lyneham.

